



**TEXAS BEHAVIORAL HEALTH
EXECUTIVE COUICL**

333 Guadalupe, Suite 3-900
Austin, Texas 78701
Tel.: (512) 305-7700

For Agency Use Only

APPLICATION FOR CRIMINAL HISTORY EVALUATION LETTER

(Do not Submit this Application with any Application for Licensure)

An individual requesting a criminal history evaluation letter from this agency must obtain a fingerprint criminal history background check **after** submitting this application. To obtain a fingerprint criminal history background check, Texas residents can request a copy of the *IdentoGO Texas Fingerprint Service Code Form – resident applicant* by email. Residents of other states will need to request a copy of the *IdentoGO Texas Fingerprint Service Code Form – non-resident applicant* be mailed to them, along with an official FBI fingerprint card. Requests for fingerprint forms may be sent to Licensing@bhec.texas.gov.

Type of licensure sought:

Marriage and Family Therapy
 Psychology

Counseling
 Social Work

Applicant Information

Name (Last, First, Middle): _____

Names or aliases previously used: _____

Mailing Address: _____

Home Phone No.: _____

Business Phone No.: _____

Cell Phone No.: _____

Email: _____

Unique Identifying Information

Date of Birth (MM/DD/YYYY): _____ Social Security No.: _____

Place of Birth (City, County, and State): _____

Driver's License No.: _____ Issuing State: _____

Sex: Male Female Height: _____ ft. _____ inches Weight: _____

Eye Color: _____ Hair Color (natural): _____

Race/Ethnicity (please check all that apply):

- Hispanic or Latino White
- Black or African-American Native Hawaiian or Other Pacific Islander
- Asian American Indian or Alaska Native
- Other: _____

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Chapter 53 of the Occupations Code

Pursuant to Section 53.022 of the Occupations Code, the Council must consider the following factors when determining whether a criminal conviction directly relates to the duties and responsibilities of a licensed occupation:

1. the nature and seriousness of the crime;
2. the relationship of the crime to the purposes for requiring a license to engage in the occupation;
3. the extent to which a license might offer an opportunity to engage in further criminal activity of the same type as that in which the person previously had been involved;
4. the relationship of the crime to the ability or capacity required to perform the duties and discharge the responsibilities of the licensed occupation; and
5. any correlation between the elements of the crime and the duties and responsibilities of a licensed occupation.

Pursuant to Tex. Occ. Code Ann. §53.023, if the Council determines that a criminal conviction directly relates to the duties and responsibilities of a licensed occupation, the Council must consider the following factors when determining whether to suspend or revoke a license, disqualify a person from receiving a license, or deny a person the opportunity to take a licensing examination:

1. the extent and nature of the person's past criminal activity;
2. the age of the person when the crime was committed;
3. the amount of time that has elapsed since the person's last criminal activity;
4. the conduct and work activity of the person before and after the criminal activity;
5. evidence of the person's rehabilitation or rehabilitative effort while incarcerated or after release;
6. evidence of the person's compliance with any conditions of community supervision, parole, or mandatory supervision; and
7. other evidence of the person's fitness, including letters of recommendation.

Applicants are strongly encouraged to provide documentation and/or explanations concerning all of the foregoing factors. Any documentation or explanations received will be considered by the Council when reviewing an application.

Pursuant to Section 53.023(b), applicants have the responsibility, to the extent possible, to obtain and provide this agency with the letters of recommendations referenced in no. 7 above. At the very least applicants should provide three letters of recommendation from individuals familiar with the applicant (e.g., pastor, school teachers, professors, co-workers, employers, supervisors). The letters of recommendation should speak to the applicant's veracity, work ethic, charitable and volunteer efforts in his/her community, and the writer's overall assessment of his/her opinion as to why the applicant would make positive contributions to society as a mental health care provider. If an applicant is unable to obtain letters of recommendation, the applicant must provide a written explanation for why he/she was unable to do so, along with a description of his/her efforts to acquire the letters.

Description of Criminal Offenses Resulting in a Final Disposition

Applicants must provide certified copies of all court documents concerning their criminal history listed below¹, unless otherwise directed by agency staff.

Court documents submitted with this application should include the charging instrument (e.g. information and complaint, indictment), judgment, order of deferred adjudication or other dispositive order, any agreements concerning deferred disposition (e.g. pre-trial diversion, pocket probation), and a copy of the terms and conditions of any probation or community supervision ordered.

Example:

Felony Misdemeanor

Level of Offense: State Jail Felony

Offense: Possession of a Controlled Substance

State where offense occurred: Texas

Final Disposition: 5 years deferred adjudication

Sentence Date (MM/DD/YYYY): 04/04/1996

Sentence Completion Date (MM/DD/YYYY): 04/03/2001

Felony Misdemeanor

Level of Offense: _____

Offense: _____

State where offense occurred: _____

Final Disposition: _____

Sentence Date (MM/DD/YYYY): _____

Sentence Completion Date (MM/DD/YYYY): _____

¹ Please do not disclose any charge or offense which has been expunged, or which is subject to an order of non-disclosure. If you are unsure whether a charge has been expunged or is subject to an order of non-disclosure, you should consult with an attorney before completing this application. Failure to disclose a charge or offense which has not been expunged and is not subject to an order of non-disclosure will be treated as a failure to cooperate with the Council's investigation.

Felony Misdemeanor

Level of Offense: _____

Offense: _____

State where offense occurred: _____

Final Disposition: _____

Sentence Date (MM/DD/YYYY): _____

Sentence Completion Date (MM/DD/YYYY): _____

Felony Misdemeanor

Level of Offense: _____

Offense: _____

State where offense occurred: _____

Final Disposition: _____

Sentence Date (MM/DD/YYYY): _____

Sentence Completion Date (MM/DD/YYYY): _____

Felony Misdemeanor

Level of Offense: _____

Offense: _____

State where offense occurred: _____

Final Disposition: _____

Sentence Date (MM/DD/YYYY): _____

Sentence Completion Date (MM/DD/YYYY): _____

Please attach additional sheets as necessary.

Fee for Conducting Criminal History Evaluation

The \$150 fee for conducting a pre-licensure criminal history evaluation is set forth in 22 TAC 885.1 and is non-refundable.

All applications must be accompanied by payment in the correct amount. Applications accompanied by an incorrect payment amount will not be processed, and will be returned to the applicant.

Payment may be made by cash, personal check, cashier’s check, or money order. The Council does not accept credit cards. Please make your payment payable to “TBHEC.”

Acknowledgment

I have read and understand 22 TAC 882.41 and Ch. 53 of the Texas Occupations Code, and by my signature herein below, I request that the Council conduct an evaluation of my criminal history to determine my eligibility for licensure under Ch. 501, 502, 503, or 505 of the Texas Occupations Code.

I acknowledge that any misrepresentation of my criminal history in this application may constitute a criminal violation under Tex. Penal Code §37.10, and may render me ineligible for licensure under Chs. 501, 502, 503, or 505 of the Texas Occupations Code.

I acknowledge that my failure to submit all required information along with this application will prevent the Council from processing my application, and that an incomplete application will only remain pending with the Council for 90 days. I further acknowledge that if an application remains incomplete after 90 days, the application will become void and I will be required to submit a new application and additional fee if I wish to obtain a criminal history evaluation letter.

I acknowledge the statements and information contained in this form are true and correct.

Signature

Date