

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL  
TEXAS STATE BOARD OF EXAMINERS OF  
MARRIAGE AND FAMILY THERAPISTS  
Recognition of Out of State Licensure for Military Spouse**



**Checklist**

**All Applicants:**

- \_\_\_\_\_ Complete, Signed Application
- \_\_\_\_\_ Proof of Completion of Texas Jurisprudence Exam for Social Workers (must be dated within 6 months of application receipt)
- \_\_\_\_\_ Copy of Military Spouse/Dependent Identification Card
- \_\_\_\_\_ Copy of Spouse's PCS Orders to military installation in Texas
- \_\_\_\_\_ Proof of residency in Texas (driver license, vehicle registration, utility bill, lease, etc.)
- \_\_\_\_\_ Official Verification of Licensure in other Jurisdiction sent to board by other state

**Please include your name (or file number) legibly on ALL documents. Submit all documents with application, if possible. If you have applied online, please attach supporting documents electronically to online application. Transcripts, verifications of licensure, and official exam scores must be submitted in an unopened envelope or emailed directly from the school/issuing authority to the Board.**

**Mail to:  
TX BHEC TSBEMFT  
333 Guadalupe, Ste. 3-900  
Austin, TX 78701**

Applicant Name: \_\_\_\_\_

**Application for Recognition of Out of State Licensure for Military Spouse**

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IF YOU ARE A MILITARY SPOUSE who holds a current license in good standing issued by another jurisdiction with licensing requirements substantially equivalent to Texas requirements for the same type of license:

1. Submit this form along with the following documents:
  - \_\_\_\_\_ a copy of your military spouse identification card;
  - \_\_\_\_\_ proof your spouse is stationed at a military installation in Texas;
  - \_\_\_\_\_ proof of residency in Texas; and
  - \_\_\_\_\_ proof of completion of the Texas SW jurisprudence exam, dated no earlier than 6 months before the date this form is received by staff.
2. Complete Part I of the *Verification of Licensure in Other Jurisdiction Form* for each professional license or certification that you hold/have held and forward the Verification Form to the agency that issued your out-of-state license(s).

**PLEASE PRINT OR TYPE:**

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Telephone : \_\_\_\_\_ Business Telephone : \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**List all professional licenses or certifications that you hold/have held (attach separate sheet if needed):**

Professional License /Expiration Date	License#	Issuing Board / State	Issue Date

The type of license for which I am requesting recognition is:

**Marriage and Family Therapists, Texas State Board of Examiners of:**  **LMFT**     **LMFT-A**  
**AFFIDAVIT**

I hereby certify that I have read, understood, and will comply with all applicable laws, rules, and standards of Texas. Under penalties of perjury, I declare and affirm that the statements made on this form and any accompanying statements and documents, are true, complete and correct. I agree to hold the Texas licensing authority, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by the reason of any action they or any one of them take in connection with this request for recognition of my out-of-state license, and/or failure of the licensing authority to recognize my out-of-state license. I hereby grant permission to the licensing authority to seek any information or references it deems fit in securing my credentials pertinent to this request. I authorize the entity to which I submit this request and its agents to contact me regarding my request at any email address or cellular telephone number that I provide now or in the future using automated telephone dialing equipment or artificial or prerecorded voice or text messages. Finally, I agree that if issued a verification letter recognizing my out-of-state license, I shall return said letter to the licensing authority upon demand.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_