

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL  
TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS  
Application for Licensed Professional Counselor-Associate**



**All Applicants:**

- \_\_\_\_\_ Complete, Signed Application
- \_\_\_\_\_ Application Fee (check, money order). See 22 TAC 885.1 for a list of the fee amounts.
- \_\_\_\_\_ Official NBCC score report for NCE or NCMHCE
- \_\_\_\_\_ Proof of Completion of Texas Jurisprudence Exam for Professional Counselors
- \_\_\_\_\_ Official Transcript showing conferral of degree—must be sent to board by email from university/sealed envelope from university
- \_\_\_\_\_ Practicum Documentation (must be Texas form)
- \_\_\_\_\_ Supervisory Agreement Form
- \_\_\_\_\_ Self-query report from NPSB (must be received in sealed envelope from NPDB)

**Additional Items Needed if Applicant Is Licensed in Another Jurisdiction:**

- \_\_\_\_\_ Official Verification of Licensure in other Jurisdiction sent to board by other state
- \_\_\_\_\_ Official examination scores sent to board by other jurisdiction or NBCC
- \_\_\_\_\_ Proof of completed supervised clinical experience submitted

**After your application has been received, you will be issued instructions on how to submit your fingerprints for the background check. You may not submit your fingerprints prior to this, nor will any previous submission be able to be used.**

**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 TSBEP  
333 Guadalupe, Ste. 3-900  
Austin, TX 78701**

Applicant Name: \_\_\_\_\_  
**Application for LPC-Associate license**

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL  
 TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS  
 APPLICATION FOR Licensed Professional Counselor Associate**



PLEASE PRINT OR TYPE: (Full name must match government-issued photo identification)

**I. Applicant Information**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other names used/on transcript \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home/Mail Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Personal email: \_\_\_\_\_

**Publish mailing information on TSBEP C roster and on-line license verifications?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

New Licensure Requested: \_\_\_\_\_ Licensed Professional Counselor Associate

**II. Other Licensure**

List all professional counselor and/or other professional licenses/certifications that you hold or have EVER held in any jurisdiction. Include a separate sheet if needed. **Verification of any professional license is required prior to issuance of the LPC Associate license, e.g., nursing license, teaching certification, medical license, etc.**

Professional License Held/Expiration Date    License Number    Issuing Board / State

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**III. Education**

**(An original, official transcript verifying qualifying degree from an accredited institution must be sent to the TSBEP C office by email directly from the university or with application in a sealed university envelope with the registrar’s seal across the back.)**

INSTITUTION	LOCATION	DATES ATTENDED	MAJOR	DEGREE	NAME ON TRANSCRIPT

I have completed a graduate level practicum/Associateship with a minimum of 300 clock hours and have included the required Practicum/Associateship Documentation form(s) with this application.    Yes\_\_\_\_ No\_\_\_\_

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

**Application for LPC-Associate license**

**IV. Examinations**

\_\_\_\_\_ I have passed the \_\_\_\_\_ NCE or \_\_\_\_\_ NCMHCE. Exam was taken and passed on: \_\_\_\_\_  
**\*\*PLEASE NOTE\*\*** If you took the NCE through a CACREP university or in another state, you must contact NBCC to have your scores sent to TSBEPC.

\_\_\_\_\_ I have successfully completed the Texas Jurisprudence exam and have enclosed the certificate of completion.  
Yes\_\_\_\_ No\_\_\_\_

**V. Supervisory Agreement (must be approved by board before supervision may begin)**

I have entered into a supervisory agreement with a board-approved supervisor and have enclosed the Agreement Form with this application. Yes\_\_\_\_ No\_\_\_\_

Name of Supervisor: \_\_\_\_\_ License#: \_\_\_\_\_

**VI. Disclosures**

1. Have you **ever** been convicted, pled guilty, been placed on probation, pled no lo contendere, granted deferred adjudication or any other type of pretrial diversion in any state or federal office to any misdemeanor or felony, unless such offense was a Class C misdemeanor or minor traffic offense?... (includes deferred adjudications) ..... Yes\_\_\_\_ No\_\_\_\_
2. Have you **ever** been found in violation of laws or rules pertaining to professional practice or settled such charges prior to a formal finding in an administrative proceeding? ..... Yes\_\_\_\_ No\_\_\_\_
3. Have you **ever** had a judgment against you or settled prior to such a finding in a civil proceeding related to professional practice? ..... Yes\_\_\_\_ No\_\_\_\_
4. Are charges pending against you for any of the above?..... Yes\_\_\_\_ No\_\_\_\_
5. Have you ever been denied a professional license or certification? ..... Yes\_\_\_\_ No\_\_\_\_
6. Have you ever had a professional license and/or certificate revoked, suspended or denied in regards to a disciplinary action? ..... Yes\_\_\_\_ No\_\_\_\_  
 If yes, list type of license/certificate, issuing state, action taken and reason for action:  
 \_\_\_\_\_
7. Have you ever voluntarily surrendered a professional license or certificate? ..... Yes\_\_\_\_ No\_\_\_\_  
 If yes, list types of license/certificate, issuing state, date of surrender and reason for surrender.  
 \_\_\_\_\_

**Please note: Applicants must provide all information relating to criminal history, professional license complaint history and civil liability suit history. Discovery of any of these past circumstances not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards. If you answered YES to any of the preceding questions, you must attach a detailed explanatory statement. Additional information may be requested.**

## VII. Acknowledgments

Initial each blank to indicate you have read and understood the acknowledgment.

In submitting this application to the Texas State Board of Examiners of Professional Counselors for the issuance of a license:

\_\_\_\_\_ **I have read the Licensed Professional Counselor Act and am familiar with the requirements of the Act and with the Rules of the board. I agree to abide by the current and subsequent rules of the Texas State Board of Examiners of Professional Counselors**

\_\_\_\_\_ I have taken all required examinations necessary for the processing of my application.

\_\_\_\_\_ I agree to be bound by the Code of Ethics of the Texas State Board of Examiners of Professional Counselors.

\_\_\_\_\_ I understand that the fee submitted with this application is **non-refundable**.

\_\_\_\_\_ I agree that if issued a license, upon revocation, suspension, or cancellation of that license, I shall return the said license to the board.

\_\_\_\_\_ I agree to hold the Texas State Board of Examiners of Professional Counselors, 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 application, the attendant examination, the grades with respect to any examination, and/or failure of the board to issue me a license. I hereby grant permission to the board to seek any information or references it deems fit in securing my credentials pertinent to this application.

\_\_\_\_\_ The information I have provided in this application is truthful. I understand that giving the board false information of any kind may result in the voiding of this application and denial of licensure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_  
**Application for LPC-Associate license**