

# TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL

333 Guadalupe, Ste. 3-900

Austin, Texas 78701

Application for Reinstatement of Licensure



## All Applicants:

\_\_\_\_\_ Complete, Signed Application

\_\_\_\_\_ Application Fee (check, money order). See 22 TAC 885.1 for a list of the fee amounts.

\_\_\_\_\_ Self-Query from National Practitioner Data Bank (NPDB). Report must be received in sealed NPDB envelope.

\_\_\_\_\_ Proof of completion of Texas Jurisprudence Exam

\_\_\_\_\_ Proof of completion of required continuing education or professional development hours. When seeking to reinstate a license you must submit proof of completion of continuing education or professional development as required for renewal of a license, taken within the 24 months preceding this application. (Psychologist = 40; LPC = 24; MFT = 30; SW = 30)

\_\_\_\_\_ Written narrative regarding Section II, question 4.

\_\_\_\_\_ Written narrative regarding Section III, question 5.

## **THIS APPLICATION IS FOR EXPIRED LICENSES ONLY; IT IS NOT INTENDED FOR LICENSES IN DELINQUENT OR INACTIVE STATUS.**

Applications are reviewed within six weeks of receipt in the order received. In the event your application is found to be incomplete or agency staff have questions regarding your application, a staff member will contact you regarding any missing or incomplete items or with his or her question. **Do not contact agency staff within this six week period unless you are responding to an inquiry from staff.** Telephone calls and emails requesting a status update within the initial six-week review period only serve to increase application processing times for all applicants.

In the event you have not heard from agency staff within six weeks of submitting your application, you may contact staff by email at [licensing@bhec.texas.gov](mailto:licensing@bhec.texas.gov).

Please include your name legibly on ALL documents. Submit all documents with application, if possible. If you have applied online, please attach supporting documents electronically to online application. NPDB self-query reports and verifications of licensure must be submitted in an unopened envelope or emailed directly from the issuing authority to the Board.

**Applicants are encouraged to keep a copy of all materials submitted to the Council in the event materials are lost in transit. Applicants are also encouraged to submit application materials via a method that allows tracking and proof of delivery. It is the applicant's responsibility to ensure that all required materials are received by the agency; the agency is not responsible for items misdirected or lost while in transit.**

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

**Application for Reinstatement of Licensure**

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL**  
**APPLICATION FOR Reinstatement of Licensure**



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

**I. Applicant Information**

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

Name as it appeared on previous license \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ U.S. Citizen:  Yes  No

Mailing Address: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

License to be reinstated:

License Type	Previous License Number
Licensed Psychologist (LP)	
Licensed Psychological Associate (LPA)	
Licensed Specialist in School Psychology (LSSP)	
Licensed Professional Counselor (LPC)	
Licensed Marriage and Family Therapist (LMFT)	
Licensed Clinical Social Worker (LCSW)	
Licensed Master Social Worker (LMSW)	
Licensed Bachelor Social Worker (LBSW)	

**II. Disclosures**

1. Have you **ever** been convicted, pled guilty or no lo contendere, or been placed on probation, deferred adjudication, or any other type of pretrial diversion for any misdemeanor or felony, unless such offense was a Class C misdemeanor or minor traffic offense?... Yes \_\_\_ No \_\_\_
2. 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 \_\_\_
3. Have you ever had an application denied or been refused a license to practice any form of behavioral or mental healthcare?... Yes \_\_\_ No \_\_\_
4. Has there been in the past or is there currently pending any administrative or disciplinary action initiated by a health or occupational regulatory agency, or an agency or office within the federal government, against you or a license currently or previously held by you? ... Yes \_\_\_ No \_\_\_

If yes, please attach a written explanation of the nature of the administrative or disciplinary action, as well as the resolution of the matter.

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

### III. Reinstatement Criteria

5. Was the license you are seeking to reinstate **revoked, resigned, or allowed to expire**? Yes\_\_\_\_\_ No\_\_\_\_\_ If so, please attach a written narrative that addresses each of the following:
- the circumstances surrounding the expiration, revocation, or resignation of the license;
  - your conduct subsequent to the expiration, revocation, or resignation of the license;
  - the lapse of time since the expiration, revocation, or resignation of the license;
  - compliance with all terms and conditions imposed by the Council or a member board in any previous order; and
  - your present qualification to practice the regulated profession based upon the history of related employment, service, education, or training, as well as your continuing education since the expiration, revocation, or resignation of the license.
6. Have you completed the required amount of continuing education or professional development needed for licensure renewal within the 24 months preceding the date of this application? Yes\_\_\_\_\_ No\_\_\_\_\_ If so, please submit copies of the certificates with this application
7. Have you successfully completed the Texas Jurisprudence exam within six months of the date of this application? Yes\_\_\_\_\_ No\_\_\_\_\_ If so, please submit proof of completion with this application.

### Acknowledgments

By signing and submitting this application, you are acknowledging or affirming:

- that the information contained in this application is true and correct and that any misrepresentation may constitute a criminal violation under Section 37.10 of the Penal Code and a basis for future disciplinary action under Council rule 882.24;
- that you are physically and mentally able to render competent services to the public in a safe manner;
- that you do not use drugs or alcohol to an extent that affects your professional competency;
- that the Public Information Act is enforced by this agency as required by state law;
- the Council has permission to seek any information or references it deems appropriate regarding your credentials pertinent to this application;
- you have read the Council and Board rules and are familiar with both;
- that pursuant to Section 232.0135 of the Family code, this application or a future renewal may be denied for failure to pay child support;
- the application and examination fees submitted in connection with this application are non-refundable;
- that the failure to submit all required documentation and information may delay the processing of your application, or result in your application expiring or being denied;
- that you have ninety (90) days following receipt of this application by the agency to ensure that all documentation and information required under Council rule 882.2 has been submitted;
- that it may take agency staff up to six weeks to process your application;
- that you have an obligation to keep your address of record current while your application is being processed; and
- that you must wait until the Council receives this application packet before undergoing the required fingerprint criminal history background check.

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

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_  
**Application for Reinstatement of Licensure**