

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS
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 below or you may email it directly to the Texas Board at licensing@bhec.texas.gov. 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
-------------------------	------------------------	--------------------	--------------------

Did the above-named licensee receive supervision by an approved supervisor? YES NO

Supervision dates: From _____ to _____

Hours of supervised clinical experience required for licensure held:		Hours of supervised experience completed by licensee:	
Indirect Hours		Indirect Hours	
Direct Hours		Direct Hours	
Total Hours		Total Hours	

Other requirements: _____

Is the license current? Yes No Expiration Date: _____

Is the license the 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.**

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 # _____

Mail To: Texas Behavioral Health Executive Council, Ste. 3-900, 333 Guadalupe, Austin, TX 78701