

	<p><b>TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL</b></p> <p>333 Guadalupe, Suite 3-900 Austin, Texas 78701 Tel.: (512) 305-7700 www.bhec.texas.gov</p>	<p><u>For Agency Use Only</u></p>
---	---	-----------------------------------

**APPLICATION FOR ISSUANCE  
AND RENEWAL OF EMERGENCY TEMPORARY LICENSE**

In order to receive an emergency temporary license, the applicant must be licensed and in good standing in another jurisdiction. All other temporary licensure requirements and fees are waived. An emergency temporary license issued pursuant to 22 TAC 882.70 will expire thirty (30) days after issuance or upon termination of the state of disaster, whichever occurs first. Receipt of an emergency temporary license shall in no way be indicative of eligibility for regular licensure in Texas.

Please submit a copy of your license(s) together with written verification that you are actively licensed, certified, or registered as a psychologist, psychological associate, or specialist in school psychology, and in good standing in another jurisdiction. Printouts from a government website reflecting active licensure and good standing will be sufficient. Applications and supporting documentation may be submitted by email to [Licensing@bhec.texas.gov](mailto:Licensing@bhec.texas.gov) or by mail to the address above. If you have any questions, please email staff at [Licensing@bhec.texas.gov](mailto:Licensing@bhec.texas.gov).

**PLEASE SELECT THE DESIRED LICENSE(S):**

- \_\_\_\_\_ Emergency temporary license for Licensed Psychologist
- \_\_\_\_\_ Emergency temporary license for Licensed Specialist in School Psychology
- \_\_\_\_\_ Emergency temporary license for Licensed Psychological Associate

For individuals seeking to renew an emergency temporary license, please select the license currently held above, and list your current license number:\_\_\_\_\_.

Individuals renewing an emergency temporary license need only answer questions 1 through 3 below, unless the responses previously provided in the remaining questions are no longer accurate. You do not need to resubmit proof of licensure in another jurisdiction unless requested to do so by agency staff.

**PLEASE PRINT OR TYPE:**

- 1. Name \_\_\_\_\_  
                  First  Middle  Last
- 2. Mailing Address: \_\_\_\_\_  
  Street or P.O. Box  City  State  Zip
- 3. Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_
- 4. SSN: \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F DOB: \_\_\_\_\_
- 5. Type of licensure held in other jurisdiction(s): \_\_\_\_\_ License No.: \_\_\_\_\_
- 6. Jurisdiction(s) in which you are licensed: \_\_\_\_\_
- 7. Is your out-of-state license subject to any current disciplinary action? \_\_\_\_\_
- 8. Where will you be providing behavioral health or social work services while in Texas?  
\_\_\_\_\_
- 9. What organization, if any, will you be working with? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Licensee Date

**Please return this completed application to:**  
Texas Behavioral Health Executive Council  
333 Guadalupe St., Ste. 3-900  
Austin, Texas 78701  
Tel. (512) 305-7700  
Licensing@bhec.texas.gov

