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| \\TSBEP-FS01\Shared\MonicaF\~MONICA'S SHARED DRIVE FILES 2017\~LICENSING COORDINATOR\~TEMPLETES FOR EVERYTHING\~GENERAL INFO\Proposed Changes\TBHEC\BHECLogo.png | TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL333 Guadalupe, Suite 3-900Austin, Texas 78701(512) 305-7700 | For Agency Use Only |

**REQUEST FOR ANALYSIS OF JURISPRUDENCE EXAMINATION**

Applying for: **[ ]** InitialLicensure (LPA, LSSP, LP) **[ ]** Reinstatement of Licensure

 **[ ]** Reactivation of Inactive License (Renewal) **[ ]** Enforcement/Compliance

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| Applicants who have failed the Jurisprudence Examination may request an analysis of their examination by submitting this form. See Section 501.256, Psychologists’ Licensing Act. An exam analysis will provide the applicant with the total number of questions answered incorrectly, as well as the number of questions answered incorrectly within each content area. The exam analysis will not however identify which questions were answered incorrectly. The $50 fee for conducting an exam analysis is set forth in the Council’s *Fee Schedule* and is non-refundable. All requests for an exam analysis must be accompanied by payment in the correct amount. Payment may be made by cash, personal check, cashier’s check, or money order. The Council does not accept credit cards. Please make your payment payable to “TBHEC.”Following submission of this form, please allow 10 business days for processing before contacting agency staff regarding your exam analysis. While agency staff strive to provide exam analysis results within 5 business days, it may take up to 10 business days. Do not contact agency staff during this time period regarding the status of your request, unless you are responding to an inquiry from staff. |
|  **APPLICANT INFORMATION** |
| **Name (**Last, First, Middle)**:** |  |
| **Telephone No.:**  | **Email Address:\*** |
| **Social Security No.** | **Date of Birth:** |

\* *Email Address is required in order to receive the results of the analysis.*

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| **EXAM INFORMATION** |
| **Date of examination:** |  | **Score received:** |  |

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| **PERSONAL ACKNOWLEDGEMENT** |
| I acknowledge that the information contained in this form is true and correct.I hereby request the Texas Behavioral Health Executive Council conduct an analysis of the examination listed above and provide me with the results of the analysis.I understand that the Public Information Act is enforced as required by State Law. |
| **Signature:** | **Date:** |