

**Texas Behavioral Health Executive Council**

1801 Congress Avenue, Suite 7.300, Austin, Texas 78701

**Application for Recognition of Military Service**

This form must be completed by a military service member, veteran, or military spouse seeking special provisions for licensure to practice psychology, social work, professional counseling, and/or marriage and family therapy in the State of Texas. Please complete the form below. Submit the complete form as an attachment with your online application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | |
| Name (First, Middle, Last) | | | | Maiden Name | |
| Street Address | | | | City, State, Zip Code | |
| Email Address | | | | Phone Number | |
| Social Security Number | | | | Date of Birth (mm/dd/yyyy) | |
| Relevant Degree Held | | Date Awarded | | University/Institution | |
| Select type of  License you are  applying for: | **LP**  **LPA**  **LSSP** | | **LBSW**  **LMSW**  **LCSW** | | **LPC**  **LMFT** |

|  |
| --- |
| **Special provision requested** *(Check all that apply)* |
| Waiver of application fees  Licensure based on out-of-state license in good standing  ☐ Recognition of out-of-state license in lieu of Texas license  Credit toward education, training, or experience requirements |

|  |
| --- |
| **Proof of military status** *(Complete all statuses that apply)* |
| For active military service members, please attach:  Proof of active duty status, such as a copy of military ID or Permanent Change of Station (PCS) orders  For spouses of active military service members, please attach:  Proof of active duty status of service member, such as a copy of military ID or Permanent Change of Station (PCS) orders  Copy of marriage license with active duty service member  For military veterans, please attach:  DD-214 or Proof of Service letter from the Veteran’s Administration |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Out of State Licensure**  List each jurisdiction where you currently hold or have ever held a license, permit, certification, or registration to practice a mental health profession. Jurisdiction means any state, U.S. territory, or foreign country. Attach an additional sheet if necessary. | | | | |
| Licensure Jurisdiction | License Type | License/ Certification # | Original Issue Date | Expiration Date |
|  |  |  |  |  |
|  |  |  |  |  |
| Has any of your license(s) to practice ever been restricted or disciplined in any way?  Yes  No  If yes, please explain and attach any relevant documentation. | | | | |
| Do you have any pending complaints or are you currently under investigation? ☐ Yes ☐ No  If yes, please explain and attach any relevant documentation. | | | | |

|  |
| --- |
| 1. **licensure based on Out-of-state license** |
| In addition to a completed online license application, applicants wishing to receive a Texas license based on holding a license in another jurisdiction must submit the following:  Official licensure verification from the other jurisdiction, showing any disciplinary history  Completion of applicable Texas jurisprudence examination  ☐ Certified self-query from the National Practitioner Data Bank (NPDB)  ☐ Completion of a fingerprint background check |

|  |
| --- |
| 1. **recognition of out-of-state license in lieu of texas license** |
| In lieu of an application for a Texas license, this document will serve as an application for those wishing to practice in Texas based on an out-of-state license. Please submit the documentation listed in A, as well as the following:  Permanent Change of Station (PCS) orders showing the service member’s current service location  A notarized affidavit stating:   * You are the person described and identified in the application; * All statements in the application are true, correct, and complete; * You understand the scope of practice in Texas and will not perform outside that scope; and * You are in good standing in each state in which you hold or have held a license. |

|  |
| --- |
| 1. **Service Credit toward licensing requirements** |
| In addition to a completed online license application, applicants wishing to receive credit for military service toward education, training, or experience requirements must submit the following:  A narrative explanation of the military service and the specific credit requested  Proof of specific military education, training, or experience  *May include copies of transcripts, evaluation reports, or other documentation showing Military Occupation Specialty (MOS)* |