

**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.

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| **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** |

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| **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 |

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| **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) ordersFor 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 memberFor military veterans, please attach:[ ]  DD-214 or Proof of Service letter from the Veteran’s Administration |

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| **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 |
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| Has any of your license(s) to practice ever been restricted or disciplined in any way? [ ]  Yes [ ]  NoIf yes, please explain and attach any relevant documentation. |
| Do you have any pending complaints or are you currently under investigation? ☐ Yes ☐ NoIf yes, please explain and attach any relevant documentation. |

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| 1. **licensure based on Out-of-state license**
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| 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 |

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| 1. **recognition of out-of-state license in lieu of texas license**
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| 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.
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| 1. **Service Credit toward licensing requirements**
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| 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)* |