Texas Behavioral Health Executive Council

1801 Congress Avenue, Suite 7.300, Austin, Texas 78701

Military Supplemental Information Form

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
Email Address			Phone Number
Social Security Number			Date of Birth (mm/dd/yyyy)
Select type of License you are applying or seeking recognition 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.

A. LICENSURE BASED ON OUT-OF-STATE LICENSE IN GOOD STANDING

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

Please note: Application will also be required to show proof of completion of standard licensure requirements including the applicable professional jurisprudence examination, self-query from the National Practitioner Data Bank (NPDB), and a fingerprint background check.

B. RECOGNITION OF OUT-OF-STATE LICENSE IN LIEU OF TEXAS LICENSE

In addition to the required documentation from part A - applicants wishing to practice in Texas based on an out-of-state license in lieu of a Texas license must submit 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.

C. SERVICE CREDIT TOWARD LICENSING REQUIREMENTS

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)