

How To Request an Official State License Verification

How To Request an Official State License Verification

Some entities require an **official** state license verification rather than an online lookup. Follow the steps below to request one through the online licensing system.

Step 1: Log in to the Online Licensing System

Access the system here: <https://vo.licensing.hpc.texas.gov/datamart/login.do>

If you don't have an online account, refer to the guide for creating one—located at the top of the login page.

Step 2: Navigate to the Verification Request

1. From the **Quick Start Menu**, open the **Manage your license information** dropdown.
2. Select **State Verification**, then click **Select**.

⚠ Depending on your license type, the drop-down menu may have different items on the list.

Quick Start Menu

If you see your license on the right hand of the screen under the "License Information" section please **DO NOT** click on the "Add License to Registration" link at the bottom as your license is already associated with this online account. You should see your license options listed below.

If you are trying to apply for a license please choose the appropriate option under the "Start a New Application" section.

If you need to add your license to your online account please click on the "Add Licenses To Registration" option below.

License Information [Show Details](#)

License Number:
 License Type: **Licensed Specialist in School Psychology**

Manage your license information

Licensed Specialist in School Psychology **<Choose Application>** **Select**

Start a New Application

What are you applying for?

<Choose Board> **<Choose Application>** **Select**

Additional Activities

Add Licenses To Registration **Select**

The dropdown menu for "Manage your license information" includes: **<Choose Application>**, **Change of Address**, **Duplicate Permit**, **Duplicate Wall Certificate**, **Name Change (Online Trx)**, **Request Inactive Status**, **Set License to Retired**, and **State Verification**.

Step 3: Begin the Verification Process

Click **Next** to begin.

Introduction

Function Suitability

Name and Personal Details

Contact Information

Required Info for State Verification

File Attachments

Summary (pre-fees)

State Verification - Introduction

This application is used to request that a written verification of your license be sent from the Texas Behavioral Health Executive Council to another state licensing board or other regulatory agency. If you have a form that needs to be completed for this purpose from that board/agency, please upload and attach it on the Attachments page of this application.

Please do not use this application to request a written verification of licensure for yourself, your employment or for insurance purposes.

The fee for one written verification of licensure to another state licensing board or other regulatory agency is \$50 and is non-refundable and non-transferable. If you need to request written verifications be sent to multiple locations, you will need to submit multiple applications.

Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

Next **Cancel App**

How To Request an Official State License Verification

Answer the system's questions to ensure you're in the correct module. Then, click **Next** again.

Introduction	State Verification - Function Suitability								
Function Suitability	Answer the questions and press "Next".								
Name and Personal Details	Press "Previous" to return to the previous section.								
Contact Information	Press "Cancel" to cancel this application and return to the main menu.								
Required Info for State Verification	<table border="1"><thead><tr><th>Question</th><th>Answer</th></tr></thead><tbody><tr><td>Are you requesting written verification of your license to be sent to another state licensing board or other regulatory agency?</td><td><input checked="" type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Do you have a current or previous Texas state license?</td><td><input checked="" type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Are you trying to do any of the following: renew your license, request inactive status, return to active status from inactive, apply for reinstatement of your license, request duplicate permit or wall certificate, upgrade your license or apply for Supervisor designation?</td><td><input type="radio"/> Yes <input checked="" type="radio"/> No</td></tr></tbody></table>	Question	Answer	Are you requesting written verification of your license to be sent to another state licensing board or other regulatory agency?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Do you have a current or previous Texas state license?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Are you trying to do any of the following: renew your license, request inactive status, return to active status from inactive, apply for reinstatement of your license, request duplicate permit or wall certificate, upgrade your license or apply for Supervisor designation?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Are you requesting written verification of your license to be sent to another state licensing board or other regulatory agency?	<input checked="" type="radio"/> Yes <input type="radio"/> No								
Do you have a current or previous Texas state license?	<input checked="" type="radio"/> Yes <input type="radio"/> No								
Are you trying to do any of the following: renew your license, request inactive status, return to active status from inactive, apply for reinstatement of your license, request duplicate permit or wall certificate, upgrade your license or apply for Supervisor designation?	<input type="radio"/> Yes <input checked="" type="radio"/> No								
File Attachments									
Summary (pre-fees)									
<div>Previous Next Cancel</div>									

⚠ If any answers are incorrect, an error message will appear at the top of the screen. Double-check your responses and correct them as needed, or exit and restart the module.

Error

- This function is not suitable for your situation. Press "Cancel" and select a different function.

Step 4: Review and Confirm Information

- Review your license information.
- Click **Next**.

Introduction	State Verification - Name and Personal Details																
Function Suitability	Enter your personal details and press "Next" to continue.																
Name and Personal Details	Press "Previous" to return to the previous section.																
Contact Information	Press "Cancel" to cancel this application and return to the main menu.																
Required Info for State Verification	<table><tr><td>First Name:</td><td>SAMUEL</td></tr><tr><td>Second Name:</td><td></td></tr><tr><td>Last Name:</td><td>PUHL</td></tr><tr><td>Suffix:</td><td></td></tr><tr><td>Social Security Number:</td><td>*****</td></tr><tr><td>Date of Birth:</td><td>01/01/1901 (mm/dd/yyyy)</td></tr><tr><td>Gender:</td><td>Male</td></tr><tr><td>Race:</td><td>Not Specified</td></tr></table>	First Name:	SAMUEL	Second Name:		Last Name:	PUHL	Suffix:		Social Security Number:	*****	Date of Birth:	01/01/1901 (mm/dd/yyyy)	Gender:	Male	Race:	Not Specified
First Name:	SAMUEL																
Second Name:																	
Last Name:	PUHL																
Suffix:																	
Social Security Number:	*****																
Date of Birth:	01/01/1901 (mm/dd/yyyy)																
Gender:	Male																
Race:	Not Specified																
File Attachments																	
Summary (pre-fees)																	
<div>Previous Next Cancel App</div>																	

How To Request an Official State License Verification

- Confirm or update your contact details.
- Click **Next**.

Introduction

Function Suitability

Name and Personal Details

Contact Information

Required Info for State Verification

File Attachments

Summary (pre-fees)

State Verification - Contact Information

Please review the address information below and make any corrections.

Your Main Address will continue to be your address of record with the Council, and we will send all correspondence, including reminder renewal postcards and renewal certificates, to that address.

Your Main Address will only display the city, state, county and zip code on the Public Search feature found on our website. If you would like to display your Business Address to the public, please use the "Add Another Contact" section and select the Business Address (optional) to enter that address. Both addresses will be displayed on the Public Search feature; however, the Business Address will be displayed in full while the Main Address will only display city, state, county and zip code.

☐ Main Address

Street Number:

* Address:

* Zip Code:

* City:

* State:

County:

Country:

Phone Number: (999) 999-9999

Extension:

E-mail:

Contact #:

Web Address:

Add Another Contact

Contact Type:

Step 5: Enter Recipient Information

Provide the **name**, **address**, and—if possible—**email address** of the organization that should receive the verification. Then, click **Next**.

Introduction

Function Suitability

Name and Personal Details

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Required Info for State Verification

File Attachments

Summary (pre-fees)

State Verification - Information

Required Info for State Verification

Please complete the information below for the recipient licensing board or regulatory agency that you want BHEC to send a written verification of your license to. The questions that are marked with an asterisk must be answered to continue with the application.

* 1. Name of recipient licensing board or regulatory agency:

* 2. Street address or PO box:

* 3. City, State, Zip Code:

4. Email:

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Step 6: Upload Attachments (if applicable)

Only attach documents if instructed to do so (e.g., if you are under Continuing Education (CE) Audit).

1. Click **Choose File**, select the file, then click **Open**.

The screenshot shows the 'State Verification - Attachments' screen. On the left is a sidebar with navigation links: Introduction, Function Suitability, Name and Personal Details, Contact Information, Required Info for State Verification, File Attachments (selected), and Summary (pre-fees). The main content area has the title 'State Verification - Attachments' and instructions: 'Please upload and attach any form(s) that need to be completed for purpose of written verification from the Texas Behavioral Health Executive Council to the recipient state licensing board or other regulatory agency'. It lists three steps: 1. Locate a file using the 'Choose File' button. 2. In the 'Notes' field, please enter the following description: Professional Development #1, for the first file uploaded; Professional Development #2, for the second file uploaded, etc. 3. Press 'Attach' after entering each description. Below the instructions, it says: 'You will see all files entered under the Files Uploaded table. You may "View" or "Remove" documents you added if necessary.' A note states: 'Note: There is a 120 character max file name limit, 5MB per file and a 20MB in total attachment limit. Locate a file with the "Browse" button and press "Attach" or "Remove" as is required. Press "Next" when there are no more files to attach. Press "Previous" to return to the previous screen. Press "Cancel" to cancel this application and return to the main menu.' At the bottom, there is a 'File Name:' field with a 'Choose File' button and 'No file chosen' text, and a 'Notes:' text area. At the bottom right are buttons: Attach, Back, Next, and Cancel App. A red arrow points to the 'Choose File' button.

2. Enter a brief description in the **Notes** field and click **Attach**.

This screenshot shows the same 'State Verification - Attachments' screen as the previous one, but with progress. The 'File Name:' field now shows 'Choose File sample.pdf'. The 'Notes:' text area contains 'Utah Verification Form'. A red arrow points to the 'Attach' button at the bottom right. The sidebar and instructions remain the same.

You may attach multiple files. Each will appear in a list below with the following options:

- **View** the file
- **Remove** the file
- See total file size (max: 20MB)

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Once finished, click **Next**.

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Summary (pre-fees)

State Verification - Attachments

Please upload and attach any form(s) that need to be completed for purpose of written verification from the Texas Behavioral Health Executive Council to the recipient state licensing board or other regulatory agency

1. Locate a file using the "Choose File" button.

2. In the "Notes" field, please enter the following description:

- Professional Development #1, for the first file uploaded.
- Professional Development #2, for the second file uploaded, etc.

3. Press "Attach" after entering each description.

You will see all files entered under the Files Uploaded table. You may "View" or "Remove" documents you added if necessary.

Note: There is a 120 character max file name limit, 5MB per file and a 20MB in total attachment limit.

Locate a file with the "Browse" button and press "Attach" or "Remove" as is required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.

Press "Cancel" to cancel this application and return to the main menu.

Files Uploaded

sample.pdf

Utah Verification Form

View

Remove

Total Size of Attached Files: 68284

File Name:

Choose File No file chosen

Notes:

Attach

Back

Next






Cancel App

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Step 7: Submit and Pay

- Review all the information, then click **Submit**.

Introduction	State Verification - Application Summary
Function Suitability	If you have uploaded and attached files to this application, they will appear in the Attachments section of this application summary. Please check to ensure they appear. If not, you can select the Edit button in that section and attach them.
Name and Personal Details	Review the data and press "Submit" to submit this application.
Contact Information	Press "Previous" to return to the previous section.
Required Info for State Verification	Press "Cancel" to cancel this application and return to the main menu.
File Attachments	
Summary (pre-fees)	

Application	License Type: Licensed Specialist in School Psychology Application Date: 03/28/2022
Personal Details	Full Name: SAMUEL PUHL  Edit Social Security Number: ***** Birthdate: 01/01/1901 Gender: Male Race: Not Specified
General Addresses	Main Address: 123 PSEUDONYM QUERY, TEXAS UPSHUR 75991 US  Edit Phone Number: (409) 847-1171 E-mail: sampuhl@netscape.com
Required Info for State Verification	1. Name of recipient licensing board or regulatory agency: Utah Dept. of Behavioral Services  Edit 2. Street address or PO box: 123 S 1200 N 3. City, State, Zip Code: Salt Lake City, UT, 83409 4. Email:
Attachments	File Name: sample.pdf  Edit Notes: Utah Verification Form 

[Previous](#) [Submit](#) [Cancel App](#)

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- Answer **Yes** to the attestation and click **Next**.

Introduction

Function Suitability

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File Attachments

Summary (pre-fees)

State Verification - Attestation

Press "Previous" to return to the previous section.
Press "Next" to continue.
Press "Cancel" to cancel this application and return to the main menu.

By submitting this application, you are acknowledging or affirming:

1. I acknowledge that the information contained in this application is true and correct;
2. I affirm that I am requesting a written verification of my license be sent from the Texas Behavioral Health Executive Council to another state licensing board or other regulatory agency;
3. I acknowledge that the fee submitted with this application is non-refundable and non-transferable;
4. I understand that the Public Information Act is enforced as required by law.

☒ Yes
☐ No

Previous

Next

Cancel

- Click **Pay Now**, then click **Next** twice to proceed to the payment processor

Fee and Summary Report

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.
Deficiencies that are currently associated with your online application may be listed below.
You are required to pay the amount below for your application to be processed.
Press "Pay Now" to proceed to the fee payment page.

Fees

Total Amount Due: \$50.00


Deficiencies

1. Insufficient money received

Fix

Pay Now

View PDF Summary Report



Online Application Payment

Select the applications you wish to pay for and press "Next" to continue
Press "Main Menu" to return to the main menu

Application Number	Description	License Number	License Type	Applicant Name	Fee
172380	State Verification	000001	BHEC - Psychology (LSSP)	PUHL, SAMUEL	\$50.00 <input checked="" type="checkbox"/>

Payment Method

☒ Credit Card

Next


Main Menu

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Confirm Payment Details
Select payment method and press "Next" to pay for these applications.
Press "Cancel" if you do not wish to continue with the payment.

Application Number	Description	License Number	License Type	Applicant Name	Fee
172380	State Verification	000001	BHEC - Psychology (LSSP)	PUHL, SAMUEL	\$50.00
Total					\$50.00


Payment Method: Credit Card




Step 8: Complete Payment

You'll be redirected to the payment processor website.


1. Enter your payment and billing information.
2. Click **Submit**.




Texas Behavioral Health Executive Council



Card Information

Card Number*


Expiration Date*

CVV*


Billing Address

First Name*

Last Name*

Address Line 1*

Address Line 2

City*

State*

Zip*

Country*



Phone


Email

* Required fields

State Verification	\$ 50.00
Total	\$ 50.00

**Payment includes Texas.gov cost recovery fees for the state of Texas.

☐ I am human



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Step 9: Confirmation



After payment:

- You'll be redirected to a confirmation page where you can view and save a receipt. Clicking "**Next**" will take you back to the Quick Start menu.

Online Application Payment Success
Press "Main Menu" to return to the main menu.
Press "View PDF Summary" and print this page for your records using the print function of your browser.

Amount Paid:	\$50.00
Authorization Number:	TEST123
Trace Number:	510BH15360ID7

Application Number	Description	Applicant Name	Fee
5202-172380	State Verification	PUHL, SAMUEL	\$50.00

 [Next](#) [View PDF Summary Report](#) 

- You'll receive **two confirmation emails**:
 - One from the licensing system
 - One from the payment processor



BHEC Payment Receipt

Merchant : Texas Behavioral Health Executive Council, 1801 Congress Ave 7.300, Austin, TX 78701, USA, 5123057704
Transaction Amount : 50.00
Paid On : 12/1/2025 11:57:32 AM
Order Number [REDACTED]

Payment Summary

PG Transaction ID	First Name	Last Name	Transaction Amount	Type	Last 4	Authorization Code	Return Description
[REDACTED]	test	test	50.00	VISA	[REDACTED]	[REDACTED]	Transaction successful.

Contact Information

Tel: (512) 305-7700
Email: [SnapPay_Support](#)
[Contact BHEC](#)

[Reply](#) [Forward](#)

Be sure to save these for your records.

You're Done!

Please allow **2–4 weeks** for the official state license verification to be processed and sent to the recipient.