

How to Reinstate Your BHEC License Online

Before You Begin

Before starting the online reinstatement process, ensure that you have all **required supplemental documentation** saved to your device.

You will be prompted to upload these documents toward the end of the process.

The list of required documentation can be found on the BHEC website.

Step 1: Log In to the Online Licensing System

Log into the **Online Licensing System** here:

<https://vo.licensing.hpc.texas.gov/datamart/login.do>



Welcome to the Online Licensing System | [FAQ](#) | [Public Search](#) | [Contact Us](#)

Returning User
* * are required.
*User ID:
*Password:
[Forgot password?](#)
[Forgot user ID?](#)

New User
[Begin Here For Sign-up](#)

Public Search
It is not necessary to register or login to view or search for a license or registration. To search by name, license number, license type, city, or county click on the "Public Search" link above.

Sign-up and manage your licenses
Apply for New License: To apply for an initial license, please sign up using the link to the left. If you have previously registered using this system, it is not necessary to create another user registration to apply for a new license.
Renew or Maintain Your License: To renew and/or maintain an existing license, please login with your existing user ID and password, or click on the link to the left to register as a new user.
Maintenance Window: Click [here](#) to see our upcoming maintenance schedule

New Users (those who have not applied or renewed online since June 2011) must create an online account to use the Online Licensing System. Opening a second account will not delete the first account.

Step 2: Begin Part One – Reinstatement Request (Online TRX)

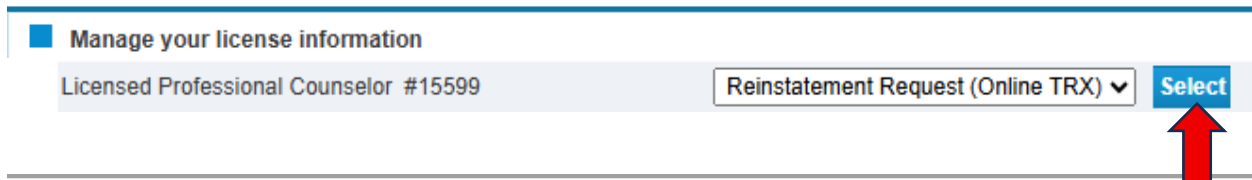
From the “Quick Start Menu,” open the “Manage your license information” dropdown. Select “Reinstatement Request (Online TRX)”, then click **Select** to begin **Part One** of the online reinstatement process.

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.



Manage your license information

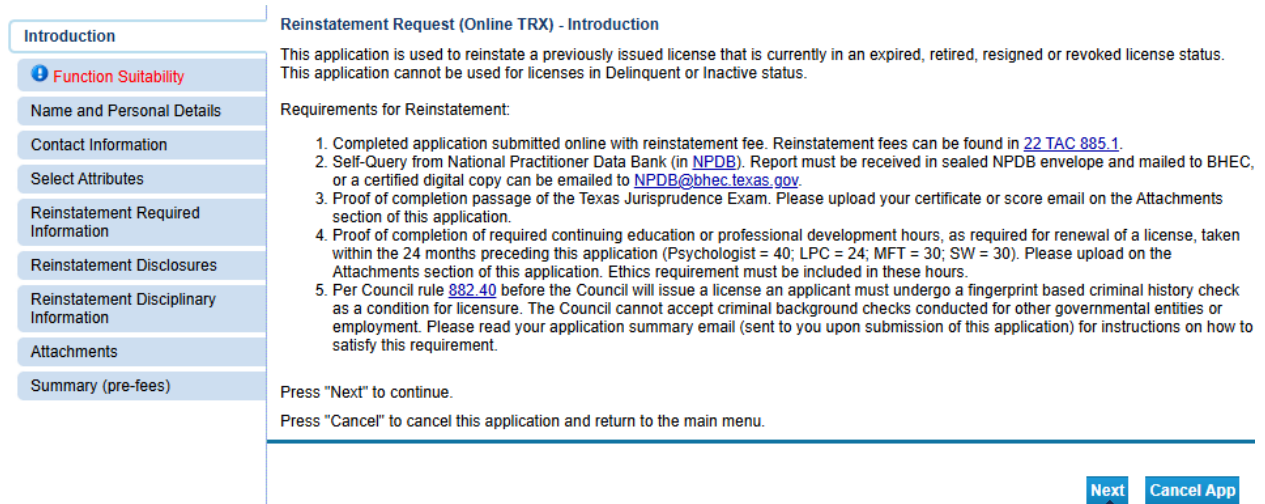
Licensed Professional Counselor #15599

Reinstatement Request (Online TRX) ▼

Select

Step 3: Introduction

1. Read the introduction information, then click **Next**.



Introduction

Reinstatement Request (Online TRX) - Introduction

This application is used to reinstate a previously issued license that is currently in an expired, retired, resigned or revoked license status. This application cannot be used for licenses in Delinquent or Inactive status.

Requirements for Reinstatement:

1. Completed application submitted online with reinstatement fee. Reinstatement fees can be found in [22 TAC 885.1](#).
2. Self-Query from National Practitioner Data Bank (in [NPDB](#)). Report must be received in sealed NPDB envelope and mailed to BHEC, or a certified digital copy can be emailed to NPDB@bhec.texas.gov.
3. Proof of completion passage of the Texas Jurisprudence Exam. Please upload your certificate or score email on the Attachments section of this application.
4. Proof of completion of required continuing education or professional development hours, as required for renewal of a license, taken within the 24 months preceding this application (Psychologist = 40; LPC = 24; MFT = 30; SW = 30). Please upload on the Attachments section of this application. Ethics requirement must be included in these hours.
5. Per Council rule [882.40](#) before the Council will issue a license an applicant must undergo a fingerprint based criminal history check as a condition for licensure. The Council cannot accept criminal background checks conducted for other governmental entities or employment. Please read your application summary email (sent to you upon submission of this application) for instructions on how to satisfy this requirement.

Press "Next" to continue.

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


Next Cancel App

2. Answer the function questions and click **Next**.

- These responses verify that you are using the correct reinstatement form.

Introduction	Reinstatement Request (Online TRX) - 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.
Select Attributes	Question
Reinstatement Required Information	Are you trying to reinstate your previous license that is currently Expired, Retired, Resigned or Revoked?
Reinstatement Disclosures	Have you taken and passed the applicable Texas Jurisprudence Exam within the past six months?
Reinstatement Disciplinary Information	Have you completed all required continuing education or professional development hours within the preceding 24 months?
Attachments	Answer
Summary (pre-fees)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

Previous Next Cancel



⚠ If your answers indicate a different application type, an error message will appear.

Your information could not be submitted due to the following error:


Error

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

3. Enter your name and personal details.

Introduction	Reinstatement Request (Online TRX) - 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.
Select Attributes	First Name: [Redacted]
Reinstatement Required Information	Second Name: [Redacted]
Reinstatement Disclosures	Last Name: [Redacted]
Reinstatement Disciplinary Information	Social Security Number: *****
Attachments	Date of Birth: [Redacted]
Summary (pre-fees)	Gender: [Dropdown]
	Race: [Dropdown]

Previous Next Cancel App



- When all information is accurate, click **Next**.

Step 4: Contact Information


Verify your contact information, when all information is correct click **Next**.

Introduction	Reinstatement Request (Online TRX) - Contact Information
Function Suitability	Please review the address information below and make any necessary changes/corrections.
Name and Personal Details	Your Main Address will continue to be your address of record with the Board, and we will send all correspondence, including reminder renewal postcards and renewal permits, to that address.
Contact Information	Your Main Address will be displayed in full unless you have designated it as your home address below in the online licensing system.
Select Attributes	If you would like to display a Business Address to the public, please use the "Add Another Contact" section and select the Business Address (optional) to enter that address. The Business Address will be displayed in full in public search.
Reinstatement Required Information	Press "Continue" to go to next page.
Reinstatement Disclosures	Press "Previous" if you do not want to save your changes.
Reinstatement Disciplinary Information	Press "Delete" to delete this address.
Attachments	If Copy Button is available. Press "Copy" to copy a previously entered address.
Summary (pre-fees)	Press "Lookup" after entering the zip code to populate the U.S. city, state and county. Select an address type and press "Add" to add a new address.

Main Address

Add Another Contact


Contact Type:



Step 5: Military Status

Select the respective attribute to claim **Military Status** (if applicable) and then click **Next**.

Introduction	Reinstatement Request (Online TRX) - Select Attributes
Function Suitability	Prior to claiming any Military Status, please review Council rule 882.60 and the corresponding Board rule (i.e., LMFT 801.204, LPC 681.114, Psychology 463.20, Soc. Work 781.419) to determine if you meet the Council's military licensing standards. If you believe that you do, please upload supporting documentation (e.g., Quick Reference Sheet, proof of military service or marriage to a military service member, proof of substantial equivalency) on the Attachments page of this application.
Name and Personal Details	Listed below are the license attribute(s) you may add.
Contact Information	Please select the desired attribute(s) and press "Next" to continue.
Select Attributes	Press "Previous" to return to the previous section.
Reinstatement Required Information	Press "Cancel App" to cancel this application and return to the main menu.
Reinstatement Disclosures	Attribute Type: Military Status
Reinstatement Disciplinary Information	Exists On License <input type="checkbox"/>
Attachments	Request To Add <input checked="" type="radio"/>
Summary (pre-fees)	Military Service Member <input type="radio"/>
	Military Spouse holds a current license issued by another jurisdiction <input type="radio"/>
	Military Veteran <input type="radio"/>
	None of the Above <input type="radio"/>



Step 6: Reinstatement Suitability Questions


Introduction	Reinstatement Request (Online TRX) - Information
Function Suitability	
Name and Personal Details	
Contact Information	
Select Attributes	
Reinstatement Required Information	
Reinstatement Disclosures	
Reinstatement Disciplinary Information	
Attachments	
Summary (pre-fees)	

Reinstatement Required Information

Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with the application.

1. Have you completed the required amount of continuing education or professional development needed for your licensure reinstatement within the 24 month preceding the date of this application? *Please upload copies of your CE certificates on the Attachments section of this application.*
2. Have you successfully completed the Texas Jurisprudence Exam within six months of the date of this application? *Please upload certificate of completion on the Attachments section of this application.*
3. Was your previous license issued under a different name than your current legal name? *If so, please upload and attach the document (i.e. DL, Passport, legal court order) indicating this change, on the Attachments page.*

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



Step 7: Reinstatement

1. Complete the **reinstatement disclosure questions**, then click **Next**.


Introduction	Reinstatement Request (Online TRX) - Information
Function Suitability	
Name and Personal Details	
Contact Information	
Select Attributes	
Reinstatement Required Information	
Reinstatement Disclosures	
Reinstatement Disciplinary Information	
Attachments	
Summary (pre-fees)	

Reinstatement Disclosures

Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with the application. If you answer "Y" to any of these questions, please provide a written explanation of the nature of the action, as well as the resolution of the matter and upload it to the Attachments section of this application.

1. Have you ever had a judgment against you or settled prior to such a finding in a civil proceeding related to professional practice?
2. Have you ever had an application denied or been refused a license to practice any form of behavioral or mental healthcare?
3. Has there been in the past or is there currently pending an administrative or disciplinary action initiated by a health or occupational regulatory agency, or an agency or office within the federal government, against you or a license currently or previously held by you? *If "Y", please provide a written explanation of the nature of the action, as well as the resolution of the matter and upload it to the Attachments section of this application.*

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Step 8: Disciplinary Questions

1. Answer the **disciplinary action questions**, then click **Next**.

Introduction

Function Suitability

Name and Personal Details

Contact Information

Select Attributes

Reinstatement Required Information

Reinstatement Disclosures

Reinstatement Disciplinary Information

Attachments

Summary (pre-fees)

Reinstatement Request (Online TRX) - Information

Reinstatement Disciplinary Information

Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with the application.

1. Is there any matter which you are required to report to the Board under Council rule [884.32](#), which you have not reported?

2. Was the license you are seeking to reinstate Revoked, Resigned or Allowed to Expire? *If so, please attach a written narrative that addressed each of the following:*

- The circumstances surrounding the expiration, revocation or resignation of the license;
- Your conduct subsequent to the expiration, revocation or resignation of the license;
- The lapse of time since the expiration, revocation or resignation of the license;
- Compliance with all terms and conditions imposed by the Council or a member board in any previous order; and
- Your present qualification to practice the regulated profession based upon the history of related employment, service, education or training, as well as your continuing education since the expiration, revocation or resignation of the license.

Previous Next Cancel App

Read the attestation statement, confirm that the information provided is true and correct, and click **Next**.

Step 9: Upload Attachments

Attach all required supporting documentation.

Introduction	Add Supervisor Designation - Attachments
Function Suitability	Please upload and attach proof of completion of a 40 hour course in supervision of mental health professionals, acceptable to the Board. Failure to do so will result in a delay in processing your application. Only pdf and Word files may be uploaded.
Name and Personal Details	1. Locate a file using the "Choose File" button. 2. In the "Notes" field, please enter the description of the file you are uploading. 3. Press "Attach" after entering each description.
Contact Information	You will see all files entered under the Files Uploaded table. You may "View" or "Remove" documents you added if necessary.
Attachments	Note: There is a 120 character max file name limit, 5MB per file and a 20MB in total attachment limit.
Summary (pre-fees)	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.
<p>File Name: <input type="text" value="Choose File"/> No file chosen</p> <p>Notes: <input type="text"/></p> <p><input type="button" value="Attach"/> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel App"/></p>	

Step 10: Summary

1. Verify that all the information is correct, click edit to change information if necessary. Once all the information is correct, click **Submit**.

Introduction	Reinstatement Request (Online TRX) - 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.				
Select Attributes	Press "Cancel" to cancel this application and return to the main menu.				
Reinstatement Required Information	<table border="1"><tr><td>Application</td><td>License Type: Licensed Professional Counselor</td></tr><tr><td></td><td>Application Date: 10/17/2025</td></tr></table>	Application	License Type: Licensed Professional Counselor		Application Date: 10/17/2025
Application	License Type: Licensed Professional Counselor				
	Application Date: 10/17/2025				
Reinstatement Disclosures					
Reinstatement Disciplinary Information					
Attachments	<table border="1"><tr><td>Personal Details</td><td>Full Name: XXXXXXXXXX <input type="button" value="Edit"/></td></tr><tr><td></td><td>Social Security Number: *****</td></tr></table>	Personal Details	Full Name: XXXXXXXXXX <input type="button" value="Edit"/>		Social Security Number: *****
Personal Details	Full Name: XXXXXXXXXX <input type="button" value="Edit"/>				
	Social Security Number: *****				
Summary (pre-fees)	<p><input type="button" value="Previous"/> <input type="button" value="Submit"/> <input type="button" value="Cancel App"/></p>				

2. Answer the Attestation Question and then click **Submit**.

Introduction	Reinstatement Request (Online TRX) - Attestation
Function Suitability	Press "Previous" to return to the previous section.
Name and Personal Details	Press "Submit" to continue.
Contact Information	Press "Cancel" to cancel this application and return to the main menu.
Select Attributes	
Reinstatement Required Information	
Reinstatement Disclosures	
Reinstatement Disciplinary Information	
Attachments	
Summary (pre-fees)	

The undersigned hereby acknowledge, attest, or affirm the following:

- The responses and information contained in this document are true and correct and that any misrepresentation may constitute a criminal violation under Section 37.10 of the Penal Code or a violation of Title 22, Part 41, Chapter 882, Subchapter C, §882.34 of the Texas Administrative Code.
- I have read, understand, and agree to abide by the laws governing the practice of my profession, including the applicable rules set out in Title 22, Parts 21, 30, 34, 35 and 41 in the Texas Administrative Code and understand my duty to stay abreast of and comply with any future changes to these laws. Moreover, the Texas Behavioral Health Executive Council, together with its member boards, appointed members, agents, employees, and contractors, is not obligated to notify me individually or directly of any such future changes to these laws.
- Neither the Council nor its member boards, appointed members, agents, employees, and contractors can modify, waive, or excuse a qualification for licensure unless expressly authorized to do so by statute or rule.
- I have a duty to comply with Title 22, Part 41, Chapter 882, Subchapter C, §882.32 of the Texas Administrative Code by keeping my address and telephone number on file with the agency current while my application is being processed.
- Pursuant to Section 232.0135 of the Family code, this application or a future renewal may be denied for failure to pay child support.
- Application and examination fees submitted in connection with this application are non-refundable and non-transferrable.
- I have 180 days following receipt of this application by the Council to ensure that all required or requested documentation and information has been submitted. The failure to submit all required or requested documentation and information may delay the processing of my application or result in my application going void or being denied.
- I understand that applications are reviewed in the order in which they are received and that it may take agency staff up to six weeks to process my application. I agree not to inquire about the status of my application or contact agency staff within this six-week period unless I am responding to an inquiry from staff. **In the event an applicant has not heard from the agency after six weeks of submitting his or her application, the applicant may contact agency staff, preferably via email, to check on the status of the application. Telephone calls and emails requesting a status update within the initial six-week review period only serve to increase application processing times for all applicants.**
- I agree to hold the Texas Behavioral Health Executive Council, as well as its member boards, appointed members, agents, employees, and contractors free from any and all actual or potential claims, suits, demands, causes of action, charges, or grievances of any kind or character related to or arising out of (in any way, whether directly or indirectly) this application or materials submitted in support thereof. Furthermore, I expressly authorize the Council to seek and obtain any information or references it deems fit in verifying my credentials and qualifications for licensure.

Yes
 No

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

Step 10: Fee & Summary

1. To begin the payment process, click **Pay Now**.

Fee and Summary Report

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.

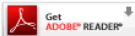
Deficiencies that are currently associated with your online application may be listed below.

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:	\$510.00
Deficiencies	
1. Insufficient money received	

[Fix](#) [Pay Now](#) [View PDF Summary Report](#)



2. Fill the “Reinstatement Request” checkbox and then click Next.

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
[REDACTED]	Reinstatement Request (Online TRX)	[REDACTED]	BHEC - Professional Counselor	[REDACTED]	\$510.00 <input type="checkbox"/>

Payment Method: Credit Card

[Next](#) [Main Menu](#)

3. Confirm payment details and then click Next.



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
[REDACTED]	Reinstatement Request (Online TRX)	[REDACTED]	BHEC - Professional Counselor	[REDACTED]	\$510.00
Total					\$510.00

Payment Method: Credit Card

[Next](#) [Cancel](#)

4. Enter Card Information and Billing Address into the payment processor.

 **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

Reinstatement Request (Online TRX)	\$ 510.00
Total	\$ 510.00

I am human 


[Cancel](#) [Submit](#)


5. You will now be taken to the payment summary. Here you can download and view a report of your payment.

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: \$510.00
Authorization Number: [REDACTED]
Trace Number: [REDACTED]

Application Number	Description	Applicant Name	Fee
[REDACTED]	Reinstatement Request (Online TRX)	[REDACTED]	\$510.00

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



You will also receive **two confirmation emails**:

- One from the **Online Licensing System**
- One from the **Payment Processor**

Please save both for your records.

 **You're Done!**

This completes the **online portion of the reinstatement process**.

Your application will be reviewed by staff in the order received.
If additional documentation is required, staff will contact you.

Please allow **six weeks** for processing before contacting the agency for a status update.