

How to Order Wall Certificates (Calligraphy/Plain Text)

To access BHEC's Online Licensing System, visit:

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

This guide walks through the order process for a Calligraphy Wall Certificate.

Step 1: Login to the

- On the login page, click **"Begin Here For Sign-Up"**.

The screenshot shows the login page for the Texas Online Licensing System. At the top, there is a header with the Texas State Seal and a list of participating boards: Executive Council of Physical Therapy and Occupational Therapy Examiners, Texas Behavioral Health Executive Council, Texas Board of Professional Geoscientists, Texas Funeral Service Commission, Texas Optometry Board, Texas State Board of Dental Examiners, Texas State Board of Pharmacy, and Texas State Board of Plumbing Examiners. Below this is a 'Welcome to the Online Licensing System' banner. The main content area is divided into 'Returning User' and 'New User' sections. The 'Returning User' section has fields for 'User ID' and 'Password', a 'Sign In' button, and links for 'Forgot password?' and 'Forgot user ID?'. The 'New User' section has a 'Begin Here For Sign-up' link. A large Texas flag is displayed on the right side of the login area. On the far right, there is a 'Public' section with links for 'Sign-up', 'Initial li', 'Renew', 'passwo', and 'Mainte'.

Step 2: Select the **"Calligraphy Wall Certificate 11 x 14"** option from the dropdown menu and click select.

The screenshot shows the 'Quick Start Menu' of the online licensing system. It contains instructions for users with existing licenses, those applying for new licenses, and those adding licenses to their account. Below the instructions, there are three sections: 'It is time to Renew!', 'Manage your license information', and a list of licenses. The 'Manage your license information' section lists three licenses: 'School Psychologist #30185', 'Licensed Baccalaureate Social Worker (LBSW) #08968', and 'Licensed Baccalaureate Social Worker (LBSW) #110192'. Each license has a dropdown menu for selecting an application type and a 'Select' button. The dropdown menu for the third license, 'Licensed Baccalaureate Social Worker (LBSW) #11075', is open, showing the option 'Calligraphy Wall Certificate 11 x 14' selected. A red arrow points to this option.

After clicking “Select” you will be redirected to the **Calligraphy Wall Certificate 11 x 14** module.

Introduction	Calligraphy Wall Certificate 11 x 14 - Introduction
Contact Information	Please note, this is for an 11 x 14 Calligraphy Wall Certificate, not the free downloadable 8 x 10 Wall Certificate or a duplicate renewal permit.
Wall Certificate Print Name	Press “Next” to continue.
Summary (pre-fees)	Press “Cancel” to cancel this application and return to the main menu.
<div>Next Cancel App</div>	

Step 3: Review and Save

- Enter your mailing information by clicking the “+”
- After entering the correct mailing information, click “Next”

Introduction	Calligraphy Wall Certificate 11 x 14 - Contact Information
Contact Information	Please review the address information below and make any necessary changes/corrections.
Wall Certificate Print Name	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.
Summary (pre-fees)	Your Main Address will be displayed in full unless you have designated it as your home address below in the online licensing system.
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.	
Press “Continue” to go to next page. Press “Previous” if you do not want to save your changes. Press “Delete” to delete this address. If Copy Button is available. Press “Copy” to copy a previously entered address. 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.	
<div>Main Address</div>	
Add Another Contact	
Contact Type: <input type="text"/> Add	
<div>Previous Next Cancel App</div>	

Step 4: Verify the Wall Certification Print Name

- Verify the name that will be printed on the license certificate.
- After verifying, click “Next”

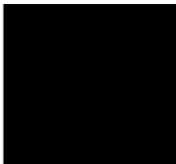
Introduction	Calligraphy Wall Certificate 11 x 14 - Information
Contact Information	Wall Certificate Print Name
Wall Certificate Print Name	Check for accuracy. Below are the name and degree as they will appear on the printed wall certificate. By submitting this form, you agree that this accurately reflects your information and you authorize the printing of the wall certificate. No refunds will be given for misspellings, mistakes, or missing information if you continue with this request.
Summary (pre-fees)	If the field below is blank, missing information, or for any reason not the information you wish to be printed on your wall certificate, do NOT proceed with this request. Cancel and either request an update to your name through the online portal or contact BHEC staff to assist you.
Name to be printed on license certificate. This must include the highest mental health-related degree that you have earned. The name and degree designation may be no more than 45 characters.	
<div>Mary Jones</div>	
<div>Previous Next Cancel App</div>	

Step 5: Review and submit

- Review the application summary, click edit if you need to change any information.
- After reviewing the application summary, click **“Submit”**.

Introduction	Calligraphy Wall Certificate 11 x 14 - Application Summary
Contact Information	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.
Wall Certificate Print Name	Review the data and press “Submit” to submit this application.
Summary (pre-fees)	Press “Previous” to return to the previous section. Press “Cancel” to cancel this application and return to the main menu.

Application	License Type: Licensed Baccalaureate Social Worker (LBSW) Application Date: 12/01/2025
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General Addresses	Main Address  Is this your Home Address? Phone Number: E-mail: Contact #: Web Address:	Edit
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Wall Certificate Print Name	Name to be printed on license certificate. This must include the highest mental health-related degree that you have earned. The name and degree designation may be no more than 45 characters. Mary Jones	Edit
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[Previous](#) [Submit](#) [Cancel App](#)

Step 6: Attestation

- Agree to the attestation and then click **“Submit”**

Introduction	Calligraphy Wall Certificate 11 x 14 - Attestation
Contact Information	Press “Previous” to return to the previous section.
Wall Certificate Print Name	Press “Submit” to continue.
Summary (pre-fees)	Press “Cancel” to cancel this application and return to the main menu.

I hereby certify that the information on this form is true and correct. I understand that I am purchasing an 11 x 14 Calligraphy Wall Certificate, and that all fees paid for this application are non-refundable and non-transferable.

☒ Yes
☐ No

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

Step 7: Fee and Summary

- To go back to your application and make changes, click “Fix”. You can also download and print a PDF summary report of you application.
- 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:	\$50.00

Deficiencies

1. Insufficient money received

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

Step 7a: Payment

- Click the checkbox for the correct application 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	
						<input type="checkbox"/> To Third Party
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/> To Third Party
						<input type="checkbox"/> To Third Party
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/> To Third Party
451571	Calligraphy Wall Certificate 11 x 14	11075	BHEC - Social Worker	JONES, MARY	\$50.00	<input checked="" type="checkbox"/>

Payment Method ☒ Credit Card

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

- 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
451571	Calligraphy Wall Certificate 11 x 14	11075	BHEC - Social Worker	JONES, MARY	\$50.00
Total					\$50.00


Payment Method: ☒ Credit Card

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

- Enter billing information, complete the captcha, then click “Submit”



Texas Behavioral Health Executive Council



Card Information

Card Number*

Expiration Date*
MM YY

CVV*

Billing Address

First Name*

Last Name*

Address Line 1*

Address Line 2

City*

State*

Zip*

Country*


Phone

Email

* Required fields

Calligraphy Wall Certificate 11 x 14	\$ 50.00
Total	\$ 50.00

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

☐ I am human
 

- Clicking submit will take you to back to the login page.

Step 8: Complete!

- You will also receive an email receipt with payment details included.



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@bhec.org
[Contact BHEC](#)

[← Reply](#) [→ Forward](#)