



TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL

1801 Congress Ave., Ste. 7.300
Austin, Texas 78701
Tel.: (512) 305-7700
www.bhec.texas.gov

For Agency Use Only

APPLICATION FOR LICENSED PSYCHOLOGIST BY RECIPROCITY

| APPLICANT INFORMATION | | | |
|--|---|--|---------------------------------|
| Full Legal Name: | | | |
| Type of Degree: | <input type="checkbox"/> Ph.D. | <input type="checkbox"/> Psy.D. | <input type="checkbox"/> Other: |
| Names Previously Used, Including Maiden Names: | | | |
| Mailing Address: | | | |
| | | | |
| | | | |
| | | | |
| Primary Phone No.: | | | Alternate Phone No.: |
| Email Address: | | | |
| Social Security No.: | | Date of Birth: | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, complete SAVE form. | | |
| OTHER LICENSES AND CREDENTIALS | | | |
| Are you currently licensed and in good standing with the Oklahoma State Board of Examiners of Psychologists? <i>If so, please attach written verification of your Oklahoma license showing its current status and disciplinary history.</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you now hold or have you ever held a license to practice psychology in this state or in any other jurisdiction other than Oklahoma? <i>If so, please attach a written explanation identifying the type of license, issuing jurisdiction, license number, and current status.</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

MILITARY SERVICE MEMBERS, VETERANS, AND SPOUSES

Are you a military service member, military veteran, or military spouse, as those terms are defined in [Section 55.001](#) of the Occupations Code?
If so, please submit the Application for Recognition of Military Service found on the Council's website and supporting documentation to be considered for waivers.

Yes No

If you are a military spouse, were you licensed by this agency within the preceding five-year period?

If so, please list the type of license held, together with your former license number:

Yes No

EXAMINATION HISTORY

Did you successfully pass the **Jurisprudence Examination**?

*If so, please submit a copy of the email you received reflecting your passing score.
 If not, please do not submit this application until you have done so.*

Yes No

CURRENT PROVIDER STATUS

Are you currently providing psychological services in Texas?

Yes No

If so, which of the following serves as the basis for your delivery of services in Texas:

- Licensed by this agency.
- Providing services which are exempt under 22 TAC 882.26 or TOC §501.004.
- Other: _____
- None of the above.

*Please attach a detailed description of the setting and type of services being provided in order for agency staff to determine whether the setting and services fall within the scope and spirit of the law. When providing a description for an exemption based upon enrollment in a formal post-doctoral program, you must submit the form entitled **Checklist for Exemption of Post-doctoral Fellowship**.*

Disqualifying Factors

Have you ever engaged in the practice of psychology without a license or other legal authority in this state or any other jurisdiction?

Yes No

Have you ever aided or abetted another individual in the unlawful practice of psychology?

Yes No

Are you physically and mentally able to render competent psychological services to the public in a safe manner?

Yes No

Do you use drugs or alcohol to an extent that affects your professional competency?

Yes No

PERSONAL ACKNOWLEDGEMENT

- 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 nonrefundable 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

Signature:

Date: