

How to Renew Your LPC License Online

Step 1: Log In to the Online Licensing System

- Go to the online licensing system:
<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](#)

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.

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

If you **do not yet have an account**, the instructions for creating one are listed as the **first option at the top of the How-To User Guides page on the BHEC website**.

⚠ Some of the following reference images were taken from another application guide; despite small differences the steps are the same.

Step 2: Access the Renewal Module

Approximately **60 days prior to your license expiration**, your account will be placed in **“Renewal” status**.

This grants access to the renewal module.

From the **“Quick Start Menu,”** you’ll see **“It is time to Renew.”**
Click **Select** to begin the renewal 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.

It is time to Renew!

Licensed Professional Counselor #65001 Renew License Professional Counselor **Select**



Step 3: Read the Introduction

Read the introductory information carefully, then click **Next**.

Introduction

- Function Suitability
- Contact Information
- Select Attributes
- Conviction Information
- Continuing Education
- SB-29 Sect C (c-1)(1 to 4)
- SB-29 Sect (g)
- SB-29 Sect C (3)
- SB-29 Sect C (c-1)(5)
- SB-29 Sect C (c-1)(6 to 8)
- SB-29 Sect C (c-1)(9)
- File Attachments
- Summary (pre-fees)

Renew License Professional Counselor - Introduction

Welcome to the Texas Behavioral Health Executive Council online license renewal for the Board of Examiners of Professional Counselors. Follow the instructions on each screen to complete your application. Your information will not be saved until you complete the application and submit your information.

Name changes must be submitted via the online licensing system. Licensees are encouraged to view the [How-to-User Guide](#) for submitting an online name change. You must upload and attach any documentation required by the Council.

If you experience technical difficulties, please contact the HPC Helpdesk at licensinghelp@hpc.state.tx.us. For all other questions concerning the online renewal application process, please contact the Council during normal business hours at (512) 305-7700.


If you are claiming an exemption from renewal fees as an active military service member, you need to submit proof of military status to the Council **PRIOR** to submitting payment for your renewal. You may submit this information via the Contact Us webpage by selecting "Renewals, CE audits" from the dropdown list of program topics. Please do not submit payment of your renewal, as these fees will not be refunded to you. Instead, wait for approval of military status and exemption of fees from the Council before submitting your renewal application.

If you have not already done so for this renewal period, please take the agency's workforce survey by [clicking here](#). This survey will assist Texas with developing a coordinated statewide approach for building and maintaining a mental health workforce to meet the needs of its citizens. The survey is confidential and takes approximately 10 minutes to complete.

Press "Next" to continue.

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

Next **Cancel App**




Step 4: Function Suitability

Answer the **suitability questions**, then click **Next**.
These verify that you are in the correct renewal section.

Introduction	Renew Social Worker - Function Suitability								
Function Suitability	Answer the questions below to ensure that you have selected the correct online transaction. Answer the questions and press "Next".								
Contact Information	Press "Previous" to return to the previous section.								
Select Attributes	Press "Cancel" to cancel this application and return to the main menu.								
Conviction Information	<table border="1"><thead><tr><th>Question</th><th>Answer</th></tr></thead><tbody><tr><td>Are you applying for a license for the first time (not a license renewal)?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Do you need to change your name?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr><tr><td>Do you need to change your supervision status?</td><td><input type="radio"/> Yes <input type="radio"/> No</td></tr></tbody></table>	Question	Answer	Are you applying for a license for the first time (not a license renewal)?	<input type="radio"/> Yes <input type="radio"/> No	Do you need to change your name?	<input type="radio"/> Yes <input type="radio"/> No	Do you need to change your supervision status?	<input type="radio"/> Yes <input type="radio"/> No
Question	Answer								
Are you applying for a license for the first time (not a license renewal)?	<input type="radio"/> Yes <input type="radio"/> No								
Do you need to change your name?	<input type="radio"/> Yes <input type="radio"/> No								
Do you need to change your supervision status?	<input type="radio"/> Yes <input type="radio"/> No								
Continuing Education									
SB-29 Sect C (c-1)(1 to 4)									
SB-29 Sect (g)									
SB-29 Sect C (3)									
SB-29 Sect C (c-1)(5)									
SB-29 Sect C (c-1)(6 to 8)									
SB-29 Sect C (c-1)(9)									
File Attachments									
Summary (pre-fees)									

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



⚠ Important: If you answer incorrectly, you'll receive an error message. Review and correct your responses before proceeding.

Step 5: Verify Contact Information

Review your **contact information** and make any necessary corrections.
When finished, click **Next**.

Introduction	Renew Social Worker - Contact Information
Function Suitability	Please review the address information below and make any necessary changes/corrections.
Contact Information	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.
Select Attributes	Your Main Address will be displayed in full unless you have designated it as your home address below in the online licensing system.
Conviction Information	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.
Continuing Education	Press "Continue" to go to next page.
SB-29 Sect C (c-1)(1 to 4)	Press "Previous" if you do not want to save your changes.
SB-29 Sect (g)	Press "Delete" to delete this address.
SB-29 Sect C (3)	If Copy Button is available. Press "Copy" to copy a previously entered address.
SB-29 Sect C (c-1)(5)	Press "Lookup" after entering the zip code to populate the U.S. city, state and county.
SB-29 Sect C (c-1)(6 to 8)	Select an address type and press "Add" to add a new address.
SB-29 Sect C (c-1)(9)	
File Attachments	<input type="checkbox"/> Main Address
Summary (pre-fees)	<ul style="list-style-type: none">Is this your Home Address? <input checked="" type="radio"/> Yes <input type="radio"/> NoStreet Number: <input type="text" value="616"/>Address: <input type="text" value="MOONDALE DR."/> <input type="text"/> <input type="text"/>Zip Code: <input type="text" value="79912"/>City: <input type="text" value="EL PASO"/>State: <input type="text" value="TEXAS"/>County: <input type="text" value="EL PASO"/>Country: <input type="text" value="United States"/>Phone Number: <input type="text" value="(915) 373-8009"/> <small>(999) 999-9999</small>Extension: <input type="text"/>E-mail: <input type="text" value="jennifer.noack@bhec.texas.gov"/>Contact #:Web Address:
	Add Another Contact
	Contact Type: <input type="text"/> <input type="button" value="Add"/>
	<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel App"/>



Step 6: Conviction Questions

Answer the **conviction-related questions**.

If you answer “**Yes**”, provide a brief narrative about the incident.

Note: Not all convictions result in disciplinary action, but failure to disclose conviction information may result in action against your license.

Click **Next** when complete.

Renew Marriage and Family Therapist - Information


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

Conviction Information

1) Is there any matter which you are required to report to the Board under Council rule [884.32](#), which you have not reported Yes No

If so, you must submit the information required by Board rule [884.32](#) to the Board's office.

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



Step 7: Continuing Education and Fingerprinting

Answer the **continuing education questions**.

Note:

If you have **not completed electronic fingerprinting** as part of your original license application, you must do so before the renewal can be fully processed.

Even if you answer “No,” you may continue the online portion.

Use the link provided on the renewal screen to obtain BHEC’s **Service Code Number**, which is required for the fingerprinting process.

For more information, visit the **BHEC Fingerprint Information Page:**

<https://www.bhec.texas.gov/fingerprint-information/index.html>

Click **Next** to continue.

The screenshot shows a web form titled "Renew License Professional Counselor - Information". On the left is a navigation menu with options: Introduction, Function Suitability (highlighted in red), Contact Information, Select Attributes, Conviction Information (highlighted in red), Continuing Education (highlighted in blue), SB-29 Sect C (c-1)(1 to 4), SB-29 Sect (g), SB-29 Sect C (3), SB-29 Sect C (c-1)(5), SB-29 Sect C (c-1)(6 to 8), SB-29 Sect C (c-1)(9), File Attachments, and Summary (pre-fees). The main content area is titled "Continuing Education" and contains several questions marked with an asterisk. The first question asks about human trafficking prevention training with a dropdown menu. The second asks about meeting continuing education requirements with radio buttons for Yes and No, and includes an "Explanation:" text box. The third asks about passing the Jurisprudence Examination with radio buttons. The fourth asks about a fingerprint background check with radio buttons. Below the questions is a note about background checks for other entities. At the bottom right are three buttons: "Previous", "Next" (highlighted in blue), and "Cancel App". A large red arrow points to the "Next" button.



Step 8: Voluntary Information: *SB-29 Sect C(c-1)(1 to 4); SB-29 Sect (g); SB-29 Sect C (3); SB-29 Sect C (c-1)(5); SB-29 Sect C (c-1)(6 to 8); SB-29 Sect C (c-1)(9)*

! Only fields marked with a **red asterisk (*)** are required. All other fields are voluntary and can be left blank.

1. Voluntary information: *SB-29 Sect C(c-1)(1 to 4)*

Introduction
Function Suitability
Contact Information
Conviction Information
Continuing Education
SB-29 Sect C (c-1)(1 to 4)
SB-29 Sect (g)
SB-29 Sect C (3)
SB-29 Sect C (c-1)(5)
SB-29 Sect C (c-1)(6 to 8)
SB-29 Sect C (c-1)(9)
Attachments
Summary (pre-fees)

Renew Marriage and Family Therapist - Information
Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with the renewal.

SB-29 Sect C (c-1)(1 to 4)

Select the County of Birth

Are you of Hispanic origin?

Select Race

Select High School Location County

Previous Next Cancel App

2. Voluntary information: *SB-29 Sect (g)*

Introduction
Function Suitability
Contact Information
Conviction Information
Continuing Education
SB-29 Sect C (c-1)(1 to 4)
SB-29 Sect (g)
SB-29 Sect C (3)
SB-29 Sect C (c-1)(5)
SB-29 Sect C (c-1)(6 to 8)
SB-29 Sect C (c-1)(9)
Attachments
Summary (pre-fees)

Renew Marriage and Family Therapist - Information
Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with the renewal.

SB-29 Sect (g)

Select Method of Licensure

Previous Next Cancel App

3. Voluntary information: *SB-29 Sect C (3)*

Introduction
Function Suitability
Contact Information
Conviction Information
Continuing Education
SB-29 Sect C (c-1)(1 to 4)
SB-29 Sect (g)
SB-29 Sect C (3)
SB-29 Sect C (c-1)(5)
SB-29 Sect C (c-1)(6 to 8)
SB-29 Sect C (c-1)(9)
Attachments
Summary (pre-fees)

Renew Marriage and Family Therapist - Information
Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with the renewal.

SB-29 Sect C (3)

- * Indicate Basic Health Professions Degree obtained for Licensure.
- * Enter Graduation Year in which Basic Health Professions Degree was obtained.
- * Enter School Name where Basic Health Professions Degree was obtained.
- * Select the Location where Basic Health Professions Degree was obtained.
- * Indicate Highest Professional Degree obtained.
- * Enter Graduation Year in which Highest Professional Degree was obtained.
- * Enter School Name where Highest Professional Degree was obtained.
- * Select the Location where Highest Professional Degree was obtained.

Previous Next Cancel App

4. Voluntary information: SB-29 Sect C (c-1)(5)

Introduction	Renew Marriage and Family Therapist - Information Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with the renewal. SB-29 Sect C (c-1)(5) Enter Primary Practice Street Number <input type="text"/> Enter Primary Practice Street Name <input type="text"/> Enter Primary Practice City <input type="text"/> Select Primary Practice County <input type="text"/> Select Primary Practice State <input type="text"/> Enter Primary Practice Zip Code <input type="text"/>
Function Suitability	
Contact Information	
Conviction Information	
Continuing Education	
SB-29 Sect C (c-1)(1 to 4)	
SB-29 Sect (g)	
SB-29 Sect C (3)	
SB-29 Sect C (c-1)(5)	
SB-29 Sect C (c-1)(6 to 8)	
SB-29 Sect C (c-1)(9)	
Attachments	
Summary (pre-fees)	

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



5. Voluntary information: SB-29 Sect C (c-1)(6 to 8)

Introduction	Renew Marriage and Family Therapist - Information Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with the renewal. SB-29 Sect C (c-1)(6 to 8) Indicate the number of hours per week spent at the Primary Practice. <input type="text"/> Select the Primary Practice Setting <input type="text"/> Select the Primary Practice Specialty <input type="text"/> Enter Primary Practice Location Zip Code <input type="text"/> Enter Primary Practice Location County <input type="text"/>
Function Suitability	
Contact Information	
Conviction Information	
Continuing Education	
SB-29 Sect C (c-1)(1 to 4)	
SB-29 Sect (g)	
SB-29 Sect C (3)	
SB-29 Sect C (c-1)(5)	
SB-29 Sect C (c-1)(6 to 8)	
SB-29 Sect C (c-1)(9)	
Attachments	
Summary (pre-fees)	

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



6. Voluntary information: SB-29 Sect C (c-1)(9)

Introduction	Renew Marriage and Family Therapist - Information Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with the renewal. SB-29 Sect C (c-1)(9) Select the Secondary Practice Specialty <input type="text"/> Enter the Secondary Practice Zip Code <input type="text"/> Select the Secondary Practice County <input type="text"/>
Function Suitability	
Contact Information	
Conviction Information	
Continuing Education	
SB-29 Sect C (c-1)(1 to 4)	
SB-29 Sect (g)	
SB-29 Sect C (3)	
SB-29 Sect C (c-1)(5)	
SB-29 Sect C (c-1)(6 to 8)	
SB-29 Sect C (c-1)(9)	
Attachments	
Summary (pre-fees)	

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



Step 12: Attachments (If Applicable)

The **Attachments** feature allows you to upload documents accessible by BHEC staff.

⚠ Only attach documents if instructed in your renewal notice.

Only licensees under a **Continuing Education (CE) Audit** are required to upload CE documentation.

To attach a file:

1. Click **Choose File** and select the document.
2. The file name will appear next to the button.
3. Enter a brief description in the **Notes** field and click **Attach**.

You can attach multiple files.

After each attachment:

- The file will appear in the list.
- The total file size will display (maximum 20MB).
- You can view or remove files as needed.

Click **Next** once all required files are attached.

Renew License Professional Counselor - File Attachments

NON-US CITIZENS ONLY: If you are **NOT** a US Citizen, you will need to complete and submit the Systematic Alien Verification for Entitlements (SAVE) form found [here](#) along with your current immigration status documents (listed on SAVE form).

PLEASE NOTE: FOR NON-US CITIZENS ONLY, YOUR RENEWAL WILL NOT BE PROCESSED UNTIL STAFF HAVE VERIFIED YOUR UPLOADED DOCUMENTS.

Please do **NOT** attach your continuing education (CE) certificates to this application. Any CE certificates attached here will **NOT** be verified or accepted by staff. You must enter all CE hours using the CE Broker system at [cebroker.com](#).

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

The required documents that should be attached to this application are located in the Attachment List.

Select an attachment type from the list and then locate your file with the Browse button.

Add notes as needed then select the Attach button.

Once attached you can View or Remove each attachment as needed.

When all attachments are completed select the Next button.

Attachment List:

File: No file chosen

Notes:

Step 13: Review and Submit

The **Summary Page** displays your entered information. Review carefully and use **Edit** to correct any errors.

When everything is accurate, click **Submit**.


You'll receive a **confirmation email** with your **application summary** attached.

Introduction	Renew Marriage and Family Therapist - 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.
Contact Information	Review the data and press "Submit" to submit this application.
Conviction Information	Press "Previous" to return to the previous section.
Continuing Education	Press "Cancel" to cancel this application and return to the main menu.
SB-29 Sect C (c-1)(1 to 4)	
SB-29 Sect (g)	
SB-29 Sect C (3)	
SB-29 Sect C (c-1)(5)	
SB-29 Sect C (c-1)(6 to 8)	
SB-29 Sect C (c-1)(9)	
Attachments	
Summary (pre-fees)	

Application	License Type: Marriage and Family Therapist
	Application Date: 10/20/2025

General Addresses	Main Address	PO BOX 5433	Edit
		BAKERSFIELD, CALIFORNIA	
		KERN	
		93388	

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




Step 14: Attestation

Read the attestation statement, confirm your responses are true and correct, and click **Next**.

Introduction	Renew Marriage and Family Therapist - Attestation
Function Suitability	Press "Previous" to return to the previous section.
Contact Information	Press "Submit" to continue.
Conviction Information	Press "Cancel" to cancel this application and return to the main menu.
Continuing Education	I hereby attest that the information provided for this application is true and correct. I understand that misinformation is a violation of licensing laws and rules and will result in penalties that may include denial of my application for renewal.
SB-29 Sect C (c-1)(1 to 4)	<input checked="" type="radio"/> Yes
SB-29 Sect (g)	<input type="radio"/> No
SB-29 Sect C (3)	
SB-29 Sect C (c-1)(5)	
SB-29 Sect C (c-1)(6 to 8)	
SB-29 Sect C (c-1)(9)	
Attachments	
Summary (pre-fees)	

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



Step 15: Payment

⚠ The following reference images were taken from another application guide, despite small differences the steps are the same.

Click **Pay Now** to proceed to payment.

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: \$54.00

Deficiencies

1. Insufficient money received

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



Then click **Next** to advance to the **confirmation page**, and again to move to the **payment processor**.


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	
						To Third Party
						To Third Party
						To Third Party
						To Third Party
						To Third Party
						To Third Party
451542	Add Supervisor Designation	67822	BHEC - Social Worker	ARCHER, RHEANNA DAWN	\$54.00	<input checked="" type="checkbox"/>

Payment Method Credit Card



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



Enter your **customer information** and click **Next**.
Then enter your **credit card information** and click **Next**.

 **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

Add Supervisor Designation	\$ 54.00
Total	\$ 54.00

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

I am human 

Step 16: Confirmation

After your payment is processed, you'll be redirected to the **Payment Success Page**, where you can **view and save your transaction summary**.

You'll 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 renewal process** for your LMFT license.

Your license is typically updated within **three business days** of payment.

If you are under **CE audit** or awaiting **fingerprint verification**, processing may take longer.