

## How to Renew Your LSP 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

Returning User  
\*\* are required.

\*User ID:

\*Password:

Sign In

[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.**

## How to Renew Your LSP License Online

### 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.

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**■ It is time to Renew!**

School Psychologist #71370 LSP Renewal **Select**



### Step 3: Read the Introduction

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

**Introduction** LSP Renewal - Introduction

Welcome to the Texas Behavioral Health Executive Council online license renewal for the Board of Examiners of Psychologists. 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](mailto: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.

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**Next** **Cancel App**



## Step 4: Verify Contact Information

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

<b>Introduction</b>	<b>LSP Renewal - Contact Information</b>
<b>Contact Information</b>	Please review the address information below and make any necessary changes/corrections.
<b>Select Attributes</b>	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.
<b>LSP_INFO</b>	<b>Your Main Address will be displayed in full unless you have designated it as your home address below in the online licensing system.</b>
<b>SB-29 Sect C (c-1)(1 to 4)</b>	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.
<b>SB-29 Sect (g)</b>	Press "Continue" to go to next page.
<b>SB-29 Sect C (3)</b>	Press "Previous" if you do not want to save your changes.
<b>SB-29 Sect C (c-1)(5)</b>	Press "Delete" to delete this address.
<b>SB-29 Sect C (c-1)(6 to 8)</b>	If Copy Button is available. Press "Copy" to copy a previously entered address.
<b>SB-29 Sect C (c-1)(9)</b>	Press "Lookup" after entering the zip code to populate the U.S. city, state and county.
<b>File Attachments</b>	Select an address type and press "Add" to add a new address.
<b>Summary (pre-fees)</b>	<div><input type="checkbox"/> Main Address</div> <ul style="list-style-type: none"><li>Is this your Home Address? <input checked="" type="radio"/> Yes <input type="radio"/> No</li><li>Street Number: <input type="text"/></li><li>Address: <input type="text"/></li><li>Zip Code: <input type="text"/></li><li>City: <input type="text"/></li><li>State: <input type="text"/></li><li>County: <input type="text"/></li><li>Country: <input type="text"/></li><li>Phone Number: <input type="text"/> (99) 999-9999</li><li>Extension: <input type="text"/></li><li>E-mail: <input type="text"/></li><li>Contact #: <input type="text"/></li><li>Web Address: <input type="text"/></li></ul> <div><b>Add Another Contact</b> Contact Type: <input type="text"/> <input type="button" value="Add"/></div>
	<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel App"/>



## How to Renew Your LSP License Online

### Step 5: Select Attributes

Select the appropriate attributes as they apply to you.

<b>Introduction</b>	<b>LSP Renewal - Select Attributes</b>																									
<b>Contact Information</b>	If you are <b>NOT</b> a US Citizen, you will need to complete and submit the Systematic Alien Verification for Entitlements (SAVE) form found <a href="#">here</a> , along with your current immigration status document (listed on SAVE form). Please upload and attach this form under the File Attachments page of this online renewal application.																									
<b>Select Attributes</b>																										
<b>LSP_INFO</b>	Prior to claiming any Military Status, please review <a href="#">Council rule 882.60</a> and the corresponding <a href="#">Board rule</a> (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., proof of military service or marriage to a military service member, proof of substantial equivalency) on the Attachments page of this application.																									
<b>SB-29 Sect C (c-1)(1 to 4)</b>	Listed below are the license attribute(s) you may add.																									
<b>SB-29 Sect (g)</b>	Please select the desired attribute(s) and press "Next" to continue.																									
<b>SB-29 Sect C (3)</b>	Press "Previous" to return to the previous section.																									
<b>SB-29 Sect C (c-1)(5)</b>	Press "Cancel App" to cancel this application and return to the main menu.																									
<b>SB-29 Sect C (c-1)(6 to 8)</b>																										
<b>SB-29 Sect C (c-1)(9)</b>																										
<b>File Attachments</b>																										
<b>Summary (pre-fees)</b>																										
	<table border="1"><thead><tr><th>Attribute Type:</th><th>Military Status</th><th>Exists On License</th><th>Request To Add</th><th></th></tr></thead><tbody><tr><td>Attributes:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="radio"/></td><td>Military Service Member</td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="radio"/></td><td>Military Spouse with Other Licenses</td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="radio"/></td><td>Military Veteran</td></tr><tr><td></td><td></td><td></td><td><input checked="" type="radio"/></td><td>None of the Above</td></tr></tbody></table>	Attribute Type:	Military Status	Exists On License	Request To Add		Attributes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	Military Service Member		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	Military Spouse with Other Licenses		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	Military Veteran				<input checked="" type="radio"/>	None of the Above
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			<input checked="" type="radio"/>	None of the Above																						
	<table border="1"><thead><tr><th>Attribute Type:</th><th>Citizen Status</th><th>Exists On License</th><th>Request To Add</th><th></th></tr></thead><tbody><tr><td>* Attributes:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="radio"/></td><td>Non-US Citizen</td></tr><tr><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="radio"/></td><td>US Citizen</td></tr></tbody></table>	Attribute Type:	Citizen Status	Exists On License	Request To Add		* Attributes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	Non-US Citizen		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	US Citizen										
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	US Citizen																						
	<p style="text-align: right;"><a href="#">Previous</a> <a href="#">Next</a> <a href="#">Cancel App</a></p>																									



### Step 7: Continuing Education, JP Exam, and Fingerprinting questions

Answer the Continuing Education, JP Exam, and Fingerprinting questions.

<b>Introduction</b>	<b>LSP Renewal - Information</b>
<b>Contact Information</b>	Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with the renewal.
<b>Select Attributes</b>	
<b>LSP_INFO</b>	<b>LSSP</b>
<b>SB-29 Sect C (c-1)(1 to 4)</b>	* 1) Is there any matter which you are required to report to the Board under Council rule <a href="#">884.32</a> , which you have not reported? <input type="text"/>
<b>SB-29 Sect (g)</b>	If so, you must submit the information required by Board rule <a href="#">884.32</a> to the Board's office.
<b>SB-29 Sect C (3)</b>	* 2) Have you obtained the required continuing education hours? If you have held an initial license with this Board for less than a full year, continuing education are not required for renewal. <input type="text"/>
<b>SB-29 Sect C (c-1)(5)</b>	* 3) Have you completed the human trafficking prevention training required by Chapter 116 of the Occupations Code? <input type="text"/>
<b>SB-29 Sect C (c-1)(6 to 8)</b>	
<b>SB-29 Sect C (c-1)(9)</b>	
<b>File Attachments</b>	
<b>Summary (pre-fees)</b>	
	<p style="text-align: right;"><a href="#">Previous</a> <a href="#">Next</a> <a href="#">Cancel App</a></p>



Click **Next** to continue.

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**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.

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

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

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 - 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: WILLIAMSON

Are you of Hispanic origin?: No

Select Race: White

Select High School Location County: WILLIAMSON

Previous Next Cancel App

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

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 - 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: Exam

Previous Next Cancel App

## How to Renew Your LSP License Online

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


<ul style="list-style-type: none"><li>Introduction</li><li>Function Suitability</li><li>Contact Information</li><li>Select Attributes</li><li>Conviction Information</li><li>Continuing Education</li><li>SB-29 Sect C (c-1)(1 to 4)</li><li>SB-29 Sect (g)</li><li><b>SB-29 Sect C (3)</b></li><li>SB-29 Sect C (c-1)(5)</li><li>SB-29 Sect C (c-1)(6 to 8)</li><li>SB-29 Sect C (c-1)(9)</li><li>File Attachments</li><li>Summary (pre-fees)</li></ul>	<p><b>Renew License Professional Counselor - Information</b></p> <p>Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with the renewal.</p> <p><b>SB-29 Sect C (3)</b></p> <ul style="list-style-type: none"><li>* Indicate Basic Health Professions Degree obtained for Licensure. <input type="text"/></li><li>Enter Graduation Year in which Basic Health Professions Degree was obtained. <input type="text"/></li><li>* Enter School Name where Basic Health Professions Degree was obtained. <input type="text"/></li><li>* Select the Location where Basic Health Professions Degree was obtained. <input type="text"/></li><li>* Indicate Highest Professional Degree obtained. <input type="text"/></li><li>* Enter Graduation Year in which Highest Professional Degree was obtained. <input type="text"/></li><li>* Enter School Name where Highest Professional Degree was obtained. <input type="text"/></li><li>* Select the Location where Highest Professional Degree was obtained. <input type="text"/></li></ul> <p><a href="#">Previous</a> <a href="#">Next</a> <a href="#">Cancel App</a></p>
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### 4. Voluntary information: SB-29 Sect C (c-1)(5)


<ul style="list-style-type: none"><li>Introduction</li><li>Function Suitability</li><li>Contact Information</li><li>Select Attributes</li><li>Conviction Information</li><li>Continuing Education</li><li>SB-29 Sect C (c-1)(1 to 4)</li><li>SB-29 Sect (g)</li><li>SB-29 Sect C (3)</li><li><b>SB-29 Sect C (c-1)(5)</b></li><li>SB-29 Sect C (c-1)(6 to 8)</li><li>SB-29 Sect C (c-1)(9)</li><li>File Attachments</li><li>Summary (pre-fees)</li></ul>	<p><b>Renew License Professional Counselor - Information</b></p> <p>Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with the renewal.</p> <p><b>SB-29 Sect C (c-1)(5)</b></p> <ul style="list-style-type: none"><li>Enter Primary Practice Street Number <input type="text"/></li><li>Enter Primary Practice Street Name <input type="text"/></li><li>Enter Primary Practice City <input type="text"/></li><li>Select Primary Practice County <input type="text"/></li><li>Select Primary Practice State <input type="text"/></li><li>Enter Primary Practice Zip Code <input type="text"/></li></ul> <p><a href="#">Previous</a> <a href="#">Next</a> <a href="#">Cancel App</a></p>
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### 5. Voluntary information: *SB-29 Sect C (c-1)(6 to 8)*

<ul style="list-style-type: none"><li>Introduction</li><li>Function Suitability</li><li>Contact Information</li><li>Select Attributes</li><li>Conviction Information</li><li>Continuing Education</li><li>SB-29 Sect C (c-1)(1 to 4)</li><li>SB-29 Sect (g)</li><li>SB-29 Sect C (3)</li><li>SB-29 Sect C (c-1)(5)</li><li><b>SB-29 Sect C (c-1)(6 to 8)</b></li><li>SB-29 Sect C (c-1)(9)</li><li>File Attachments</li><li>Summary (pre-fees)</li></ul>	<p><b>Renew License Professional Counselor - Information</b></p> <p>Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with the renewal.</p> <p><b>SB-29 Sect C (c-1)(6 to 8)</b></p> <p>Indicate the number of hours per week spent at the Primary Practice. <input type="text"/></p> <p>Select the Primary Practice Setting <input type="text"/></p> <p>Select the Primary Practice Specialty <input type="text"/></p> <p>Enter Primary Practice Location Zip Code <input type="text"/></p> <p>Enter Primary Practice Location County <input type="text"/></p> <p><a href="#">Previous</a> <a href="#">Next</a> <a href="#">Cancel App</a></p> 
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### 6. Voluntary information: *SB-29 Sect C (c-1)(9)*

<ul style="list-style-type: none"><li>Introduction</li><li>Function Suitability</li><li>Contact Information</li><li>Select Attributes</li><li>Conviction Information</li><li>Continuing Education</li><li>SB-29 Sect C (c-1)(1 to 4)</li><li>SB-29 Sect (g)</li><li>SB-29 Sect C (3)</li><li>SB-29 Sect C (c-1)(5)</li><li>SB-29 Sect C (c-1)(6 to 8)</li><li><b>SB-29 Sect C (c-1)(9)</b></li><li>File Attachments</li><li>Summary (pre-fees)</li></ul>	<p><b>Renew License Professional Counselor - Information</b></p> <p>Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with the renewal.</p> <p><b>SB-29 Sect C (c-1)(9)</b></p> <p>Select the Secondary Practice Specialty <input type="text"/></p> <p>Enter the Secondary Practice Zip Code <input type="text"/></p> <p>Select the Secondary Practice County <input type="text"/></p> <p><a href="#">Previous</a> <a href="#">Next</a> <a href="#">Cancel App</a></p> 
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## 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.

**LSP Renewal - 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	<b>Renew Marriage and Family Therapist - Application Summary</b>
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)	


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

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<b>General Addresses</b>	Main Address	PO BOX 5433 BAKERSFIELD, CALIFORNIA KERN 93388	<a href="#">Edit</a>
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[Previous](#) [Submit](#) [Cancel App](#)




### Step 14: Attestation

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

Introduction	<b>Renew Marriage and Family Therapist - Attestation</b>
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	
SB-29 Sect C (c-1)(1 to 4)	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 (g)	<input checked="" type="radio"/> Yes
SB-29 Sect C (3)	<input type="radio"/> No
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](#)



## How to Renew Your LSP License Online

### 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

Buttons: [Fee](#) [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	
						<a href="#">To Third Party</a>
						<a href="#">To Third Party</a>
						<a href="#">To Third Party</a>
						<a href="#">To Third Party</a>
						<a href="#">To Third Party</a>
451542	Add Supervisor Designation	57822	BHEC - Social Worker	ARCHER, RHEANNA DAWN	\$54.00	<input checked="" type="checkbox"/>



Payment Method:  Credit Card

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

## How to Renew Your LSP License Online

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

**Card Information**

Card Number\*   Expiration Date\* MM  / YYYY  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
<b>Total</b>	<b>\$ 54.00</b>

\*\*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.

## How to Renew Your LSP License Online

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### **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.