

## LPC Associate Application User Guide

### ⚠ Before starting your online application:

Save all **required supplemental documentation** to your device. You'll be prompted to upload it later in the process.

### Step 1: Log Into Your Account

- Go to the Online Licensing System
- If you haven't created an account yet, refer to the **"How to Create an Account"** user guide at the top of the page

**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

### Step 2: Select Your Licensing Board

- Choose **Texas Behavioral Health Executive Council** from the first dropdown
- Then choose the **Licensed Professional Counselor Online Initial** license type
- Click **Select**


#### ■ Start a New Application

What are you applying for?

### Step 3: Read and Continue

- Review the **Introduction** page,
- Click **Next**

Introduction	<b>Licensed Professional Counselor Online Initial - Introduction</b>
Function Suitability	Welcome to the Texas Board of Examiners of Professional Counselors online application for initial licensure as a professional counselor or counselor associate. Upon approval, you will be issued a temporary license as a counselor associate (to enable you to gain the required supervised experience); a provisional LPC license (if you have completed all required experience in another state but lack TX required coursework); or a full LPC license. This online application is <b>not</b> for upgrades. 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 and fees.
Name and Personal Details	Press "Next" to continue.
Contact Information	Press "Cancel" to cancel this application and return to the main menu.
Select Attributes	
Name History and Citizenship Status	
Work History Questions for Init Online	



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

### Step 4: Answer Function Verification Questions

- Answer all questions accurately
- Click **Next**

Introduction	<b>Licensed Professional Counselor Online Initial - Function Suitability</b>
Function Suitability	Answer the questions below to ensure that you have selected the correct online transaction. 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	
Name History and Citizenship Status	
Work History Questions for Init Online	
Education Questions for Initial Online	
Other Licenses	
Attachments	
Summary (pre-fees)	

Question	Answer
Are you attempting to renew an existing license/registration/permit?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are you a currently licensed Texas counselor associate or provisionally licensed professional counselor who is applying for upgrade to LPC?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you passed the national exam?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Do you have a previous license that is currently Expired? If so, you cannot apply for a new license online. You must submit an application for Reinstatement. These applications can be found under the specific Board webpage, under the Forms and Publications section.	<input type="radio"/> Yes <input checked="" type="radio"/> No


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


**!** Incorrect responses will result in an error and may redirect you to a different application type

**Error**

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

## Step 5: Enter Personal Information

- Enter or update your **personal details**,
- Click **Next**

<b>Introduction</b>	<b>Licensed Professional Counselor Online Initial - Name and Personal Details</b>
<b>Function Suitability</b>	I understand that the disclosure of a social security number by an applicant is mandatory under the Family Code, Section 231.302 and the Health Insurance Portability and Accountability Act of 1996, Section 221. Social Security numbers are confidential and will be used for identification and reporting purposes as required by law.
<b>Name and Personal Details</b>	Enter your personal details and press "Next" to continue.
<b>Contact Information</b>	Press "Previous" to return to the previous section.
<b>Select Attributes</b>	Press "Cancel" to cancel this application and return to the main menu.
<b>Name History and Citizenship Status</b>	Title: <input type="text"/>
<b>Work History Questions for Init Online</b>	First Name: <input type="text"/>
<b>Education Questions for Initial Online</b>	Second Name: <input type="text"/>
<b>Other Licenses</b>	Last Name: <input type="text"/>
<b>Attachments</b>	Suffix: <input type="text"/>
<b>Summary (pre-fees)</b>	* Social Security Number: <input type="text"/> (No Dashes)
	* Confirm Social Security Number: <input type="text"/> (No Dashes)
	* Date of Birth: <input type="text"/> (mm/dd/yyyy)
	
	<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel App"/>

## Step 6: Enter Contact Information

- Enter your **current contact details**
- Click **Next**

<p>Introduction</p> <p>Function Suitability</p> <p>Name and Personal Details</p> <p><b>Contact Information</b></p> <p>Select Attributes</p> <p>Name History and Citizenship Status</p> <p>Work History Questions for Init Online</p> <p>Education Questions for Initial Online</p> <p>Other Licenses</p> <p>Attachments</p> <p>Summary (pre-fees)</p>	<h3>Licensed Professional Counselor Online Initial - Contact Information</h3> <p>Please review the address information below and make any necessary changes/corrections.</p> <p>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.</p> <p><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></p> <p>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.</p> <p>Press "Continue" to go to next page.</p> <p>Press "Previous" if you do not want to save your changes.</p> <p>Press "Delete" to delete this address.</p> <p>If Copy Button is available. Press "Copy" to copy a previously entered address.</p> <p>Press "Lookup" after entering the zip code to populate the U.S. city, state and county.</p> <p>Select an address type and press "Add" to add a new address.</p> <div><p>☐ Main Address</p><p>* Is this your Home Address? <input checked="" type="radio"/> Yes <input type="radio"/> No</p><p>Street Number: <input type="text"/></p><p>* Address: <input type="text"/> <input type="text"/> <input type="text"/></p><p>* Zip Code: <input type="text"/></p><p>* City: <input type="text"/></p><p>* State: <input type="text"/></p><p>* County: <input type="text"/></p><p>* Country: <input type="text"/></p><p>* Phone Number: <input type="text"/> (999) 999-9999</p><p>Extension: <input type="text"/></p><p>* E-mail: <input type="text"/></p><p>Contact #: <input type="text"/></p><p>Web Address: <input type="text"/></p></div> <p><b>Add Another Contact</b></p> <p>Contact Type: <input type="text"/> <input type="button" value="Add"/></p> <p><input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel App"/></p>
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## Step 7: Select License Type

- Choose the **type of license** you're applying for
- Indicate your **military status** (if applicable)
- Click **Next**

Introduction	<b>Licensed Professional Counselor Online Initial - Select Attributes</b>		
Function Suitability	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.		
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.		
Name History and Citizenship Status	Press "Cancel App" to cancel this application and return to the main menu.		
Work History Questions for Init Online	Attribute Type:	How Licensed	
Education Questions for Initial Online	* Attributes:	Exists On License	Request To Add
Other Licenses		<input type="checkbox"/>	<input type="radio"/>
File Attachments		<input type="checkbox"/>	<input type="radio"/>
Attachments			Licensed Prof Counselor Associate Online
Summary (pre-fees)			Licensed Professional Counselor Online
	Attribute Type:	Military Status	
	* Attributes:	Exists On License	Request To Add
		<input type="checkbox"/>	<input type="radio"/>
		<input type="checkbox"/>	<input type="radio"/>
		<input type="checkbox"/>	<input type="radio"/>
		<input type="checkbox"/>	<input checked="" type="radio"/>
			Military Service Member
			Military Spouse holds a current license issued by another jurisdiction
			Military Veteran
			None of the Above
	Attribute Type:	Citizen Status	
	* Attributes:	Exists On License	Request To Add
		<input type="checkbox"/>	<input type="radio"/>
		<input type="checkbox"/>	<input type="radio"/>
			Non-US Citizen
			US Citizen
		<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel App"/>	

## Step 8: Criminal History & Previous Names

- Answer the **Citizenship** and **Previous Name** questions
- Click **Next**

<ul style="list-style-type: none"> <li>Introduction</li> <li><b>Function Suitability</b></li> <li>Name and Personal Details</li> <li>Contact Information</li> <li>Select Attributes</li> <li><b>Name History and Citizenship Status</b></li> <li>Work History Questions for Init Online</li> <li>Education Questions for Initial Online</li> <li>Other Licenses</li> <li>File Attachments</li> <li>Attachments</li> <li>Summary (pre-fees)</li> </ul>	<p>Licensed Professional Counselor Online Initial - Information</p> <p>Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with this application.</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p><b>Name History and Citizenship Status</b></p> <p>* 1. Have you ever used another name? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please list name(s) in the box below.</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>* 2. Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No</p> <p><i><b>ALL</b> applicants will be required to provide documentation on the File Attachments page.</i></p> <p><i><b>US Citizens</b> - proof of US Citizenship (see File Attachments page for list of accepted documents)</i></p> <p><i><b>Non-US Citizens</b> - your Systematic Alien Verification for Entitlements (SAVE) form and your current immigration status document (listed on SAVE form)</i></p> </div> <p style="text-align: right;"> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel App"/> </p>
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## Step 9: Employment Information

- Indicate your **current employment status**
- Click **Next**

<ul style="list-style-type: none"> <li>Introduction</li> <li>Function Suitability</li> <li>Name and Personal Details</li> <li>Contact Information</li> <li>Select Attributes</li> <li>Name History and Citizenship Status</li> <li><b>Work History Questions for Init Online</b></li> <li>Education Questions for Initial Online</li> <li>Other Licenses</li> <li>Attachments</li> <li>Summary (pre-fees)</li> </ul>	<p>Licensed Professional Counselor Online Initial - Information</p> <p>Please provide responses to the following questions. The questions that are marked with an asterisk must be answered to continue with this application.</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p><b>Work History Questions for Init Online</b></p> <p>List your current employment information.</p> <p>* Are you CURRENTLY employed? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, complete the following: Place of Employment, Address, City, State, Zip, Telephone Number (include area code), Job Title, Type of Business, Date of Employment (mm/dd/yy)</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> </div> <p style="text-align: right;"> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel App"/> </p>
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### Step 10: Education and Exam Information

- Enter your **educational background** and **exam details**
- Click **Next**

<p>Introduction</p> <p><b>Function Suitability</b></p> <p>Name and Personal Details</p> <p>Contact Information</p> <p><b>Select Attributes</b></p> <p>Name History and Citizenship Status</p> <p>Work History Questions for Init Online</p> <p><b>Education Questions for Initial Online</b></p> <p>Other Licenses</p> <p>Attachments</p> <p>Summary (pre-fees)</p>	<p><b>Licensed Professional Counselor Online Initial - 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 this application.</p> <p><b>Education Questions for Initial Online</b></p> <p>Please provide the required information concerning your education.</p> <p>I have a graduate degree in counseling or counseling related field(Section 681.2(8)) and a minimum of 48 hours of graduate course credit in counseling related subjects as required in Rule 681.83. <input type="radio"/> Yes <input type="radio"/> No</p> <p>* Official transcript(s) of graduate training is being sent by mail or email directly to the LPC Board from the university. <input type="radio"/> Yes <input type="radio"/> No</p> <p>* Official transcript(s), in a sealed university envelope, will be submitted by the applicant with the other required information. <input type="radio"/> Yes <input type="radio"/> No</p> <p>Please list the university which awarded your graduate degree, as well as any university where additional courses were taken. Staff will wait until all transcripts are received to complete review of your application. <input type="text"/></p> <p>* I have completed a graduate level practicum/internship with a minimum of 300 clock hours. <input type="radio"/> Yes <input type="radio"/> No</p> <p>* I have completed the required clock hours of supervised training under an approved supervisor. <input type="radio"/> Yes <input type="radio"/> No</p> <p>* Date NCE or NCMHCE was taken: <input type="text"/> (mm/dd/yyyy)</p> <p>* Did you take the national exam for a different jurisdiction or for the National Certified Counselor credential? <input type="text"/></p> <p><b>Previous</b> <b>Next</b> <b>Cancel App</b></p>
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## Step 11: Other Professional Licenses

- Answer questions about any **previous or existing professional licenses**
- Click **Next**

<p>Introduction</p> <p>Function Suitability</p> <p>Name and Personal Details</p> <p>Contact Information</p> <p>Select Attributes</p> <p>Name History and Citizenship Status</p> <p>Work History Questions for Init Online</p> <p>Education Questions for Initial Online</p> <p><b>Other Licenses</b></p> <p>Attachments</p> <p>Summary (pre-fees)</p>	<p><b>Licensed Professional Counselor Online Initial - 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 this application.</p> <p><b>Other Licenses</b></p> <p>If you answered "yes" to any of these questions, please provide details in the text box below.</p> <ul style="list-style-type: none"><li>* Do you currently possess any license(s) or certificate(s) issued by any state? <input type="radio"/> Yes <input checked="" type="radio"/> No</li><li>* Have you ever been denied a professional license and/or certificate? <input type="radio"/> Yes <input checked="" type="radio"/> No</li><li>* Have you ever had a professional license and/or certificate revoked, suspended or denied in regards to a disciplinary action? <input type="radio"/> Yes <input checked="" type="radio"/> No</li><li>* Have you ever voluntarily surrendered a professional license or certificate? <input type="radio"/> Yes <input checked="" type="radio"/> No</li></ul> <p>Please provide details, including license number, license type, state of issue, etc.:</p> <div style="border: 1px solid black; height: 40px; width: 200px;"></div>
	<p><a href="#">Previous</a> <a href="#">Next</a> <a href="#">Cancel App</a></p>



## Step 12: Upload Required Documents





- Upload all **supplemental documentation** from your device
- Click **Next**

<b>Introduction</b>	<b>Licensed Professional Counselor Online Initial - Attachments</b>
<b>Function Suitability</b>	Please attach your Supervised Experience Documentation/Upgrade Form and any required documentation for the license you are applying for in accordance with the instructions on the application checklist. A list of the required documentation and their submission methods can be found on the application checklist included in the application packet. Failure to do so will result in a delay in processing your application. Only pdf and Word files may be uploaded.
<b>Name and Personal Details</b>	
<b>Contact Information</b>	
<b>Select Attributes</b>	
<b>Name History and Citizenship Status</b>	
<b>Work History Questions for Init Online</b>	
<b>Education Questions for Initial Online</b>	
<b>Other Licenses</b>	
<b>Attachments</b>	
<b>Summary (pre-fees)</b>	
	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.
	You will see all files entered under the Files Uploaded table. You may "View" or "Remove" documents you added if necessary.
	Note: There is a 120 character max file name limit, 5MB per file and a 20MB in total attachment limit. 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.
	File Name: <input type="button" value="Choose File"/> No file chosen
	Notes: <input type="text"/>
	<input type="button" value="Attach"/> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel App"/>

⚠ Failure to upload required documents may result in delays

### Step 13: Review and Confirm



- Review all the information you've entered
- Use the **Edit** buttons to correct any errors, click **Submit** when you have finished

<b>Introduction</b>	<b>Licensed Professional Counselor Online Initial - Application Summary</b>						
<b>Function Suitability</b>	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.						
<b>Name and Personal Details</b>	Review the data and press "Submit" to submit this application.						
<b>Contact Information</b>	Press "Previous" to return to the previous section.						
<b>Select Attributes</b>	Press "Cancel" to cancel this application and return to the main menu.						
<b>Name History and Citizenship Status</b>							
<b>Work History Questions for Init Online</b>							
<b>Education Questions for Initial Online</b>							
<b>Other Licenses</b>							
<b>Attachments</b>							
<b>Summary (pre-fees)</b>							
	<table border="1"><tr><td><b>Application</b></td><td>License Type: BHEC - Professional Counselor Application Date: 07/23/2025</td></tr><tr><td><b>Personal Details</b></td><td>Full Name: LAURE R. AMES Social Security Number: ***** Birthdate: **/**/**** <a href="#">Edit</a> </td></tr><tr><td><b>General Addresses</b></td><td>Main Address: 3502 GRANADA AVE DALLAS, TEXAS DALLAS 75205 US Is this your Home Address? Yes Phone Number: (512) 305-7704 Issued by any state? NO Have you ever been denied a professional license and/or certificate? No Have you ever had a professional license and/or certificate revoked, suspended or denied in regards to a disciplinary action? No Have you ever voluntarily surrendered a professional license or certificate? No Please provide details, including license number, license type, state of issue, etc.:</td></tr></table>	<b>Application</b>	License Type: BHEC - Professional Counselor Application Date: 07/23/2025	<b>Personal Details</b>	Full Name: LAURE R. AMES Social Security Number: ***** Birthdate: **/**/**** <a href="#">Edit</a> 	<b>General Addresses</b>	Main Address: 3502 GRANADA AVE DALLAS, TEXAS DALLAS 75205 US Is this your Home Address? Yes Phone Number: (512) 305-7704 Issued by any state? NO Have you ever been denied a professional license and/or certificate? No Have you ever had a professional license and/or certificate revoked, suspended or denied in regards to a disciplinary action? No Have you ever voluntarily surrendered a professional license or certificate? No Please provide details, including license number, license type, state of issue, etc.:
<b>Application</b>	License Type: BHEC - Professional Counselor Application Date: 07/23/2025						
<b>Personal Details</b>	Full Name: LAURE R. AMES Social Security Number: ***** Birthdate: **/**/**** <a href="#">Edit</a> 						
<b>General Addresses</b>	Main Address: 3502 GRANADA AVE DALLAS, TEXAS DALLAS 75205 US Is this your Home Address? Yes Phone Number: (512) 305-7704 Issued by any state? NO Have you ever been denied a professional license and/or certificate? No Have you ever had a professional license and/or certificate revoked, suspended or denied in regards to a disciplinary action? No Have you ever voluntarily surrendered a professional license or certificate? No Please provide details, including license number, license type, state of issue, etc.:						
	<a href="#">Previous</a> <a href="#">Submit</a> <a href="#">Cancel App</a> 						

### Step 14: Affirmation

- Answer the **Affirmation Question**
- Click **Next**

**⚠ IMPORTANT:** On the 7<sup>th</sup> bullet, **“One year”** has been changed to **“180 days”**

<b>Introduction</b>	<b>Licensed Professional Counselor Online Initial - Attestation</b>
<b>Function Suitability</b>	Press "Previous" to return to the previous section.
<b>Name and Personal Details</b>	Press "Submit" to continue.
<b>Contact Information</b>	Press "Cancel" to cancel this application and return to the main menu.
<b>Select Attributes</b>	The undersigned hereby acknowledge, attest, or affirm the following:
<b>Name History and Citizenship Status</b>	<ul style="list-style-type: none"><li>• 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.</li></ul>
<b>Work History Questions for Init Online</b>	<ul style="list-style-type: none"><li>• 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.</li></ul>
<b>Education Questions for Initial Online</b>	<ul style="list-style-type: none"><li>• 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.</li></ul>
<b>Other Licenses</b>	<ul style="list-style-type: none"><li>• 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.</li></ul>
<b>Attachments</b>	<ul style="list-style-type: none"><li>• Pursuant to Section 232.0135 of the Family code, this application or a future renewal may be denied for failure to pay child support;</li></ul>
<b>Summary (pre-fees)</b>	<ul style="list-style-type: none"><li>• Application and examination fees submitted in connection with this application are non-refundable and non-transferrable.</li></ul>
	<ul style="list-style-type: none"><li>• I have one year 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.</li></ul>
	<ul style="list-style-type: none"><li>• 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. <b>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.</b></li></ul>
	<ul style="list-style-type: none"><li>• 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.</li></ul>
	<input type="radio"/> Yes 
	<input type="radio"/> No
	
	<input type="button" value="Previous"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/>

**⚠ You must answer “Yes” to proceed**

### Step 15: Pay the Application Fee

- Click **Pay Now**, you can also view and download a summary report of your application
- Complete the transaction through the secure payment processor

#### 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: **\$165.00**

#### Deficiencies

1. Insufficient money received

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



## 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

Licensed Professional Counselor Online Initial	\$ 165.00
<b>Total</b>	<b>\$ 165.00</b>

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



I am human 

[Cancel](#)



[Submit](#)

## LPC-Associate Application User Guide

- Clicking **Next** will take you back to the quick start menu, you can also view and download a report of your application from this screen.

**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.

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Amount Paid: \$165.00  
Authorization Number: 2000647894  
Trace Number: 510BH491524ID8

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Application Number	Description	Applicant Name	Fee
5261-374353	Licensed Professional Counselor Online Initial	AMES, LAURE R.	\$165.00

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

### After Submission

- You will receive an email confirming that your application has been submitted
- For estimated processing times, visit the “Applying for A License and Timelines” page on the TBHEC website: <https://bhec.texas.gov/applying-for-a-license/>