



**TEXAS BEHAVIORAL HEALTH
EXECUTIVE COUNCIL**

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For Agency Use Only

**REQUEST FOR WRITTEN VERIFICATION OF LICENSURE
TO STATE LICENSING BOARD (OR OTHER REGULATORY AGENCY)**

This form must be used if you are requesting verification be sent directly to another regulatory agency.

Requestor Contact Information:

Name: _____ Telephone No.: _____

Mailing Address for Recipient Licensing Board or Regulatory Agency:

Agency Name: _____

Mailing Address: _____

Email: _____

Person for Whom Written Verification of Licensure is Requested:

Name: _____ License No.: _____

License Type: _____

Signature of Licensee: _____

By signing this form the licensee is agreeing to the release of the information indicated on this form.

If additional application documents are needed, please indicate what records are authorized to be released:

The fee for written verification of licensure to a licensing board or regulatory agency is **\$50 per license**. **All requests must be accompanied with correct payment amount.** Requests accompanied by an incorrect payment amount will be returned to the requestor without processing.

Payment may be made by cash, personal check, cashier's check, or money order. The Council does not accept credit cards. Please make your payment payable to "TBHEC."

If you submit this form with physical payment, **DO NOT** use the online licensing system to pay. This will create two separate applications with payments. If you do this, please note that the Council will **NOT** issue refunds of either payment, and any attempt to cancel the check or initiate a chargeback of the online payment may result in a complaint being opened against your license, per TAC 885.1(a)(1).

Should you have any questions about this form, or need assistance in making your request, please contact the Council's Public Information Officer at the number listed above.