

Licensed Chemical Dependency Counselor  
**License Renewal Application**

Service Code: 529201037

**Section 1 — Licensee Information**

First Name	Middle Name	Last Name	
Email Address		License No.:	
Address:	City:	State:	ZIP Code:
Facility or Practice Name:	Licensee Title:		
Area Code and Business Phone No.:	Area Code and Home or Cell Phone No.:		

**Section 2 — Continuing Education Courses**

Have you completed the continuing education (CE) hours required by [Texas Administrative Code Title 25 \(25 TAC\) Section 140.416](#)?  
If yes, check the applicable answer.

24 CE hours – for LCDCs that possess a master's or advanced degree, as required by [25 TAC Section 140.416\(i\)](#)

40 CE hours – for all other LCDCs, as required by [25 TAC Section 140.416\(j\)](#)

Do your completed CE hours include the following required hours? If yes, check all that apply.

Six total hours about HIV, Hepatitis C and sexually transmitted diseases, required by [25 TAC Section 140.416\(k\)](#)

Three hours in ethics, required by [25 TAC Section 140.416\(k\)](#)

Three hours in clinical supervision, required [25 TAC Section 140.416\(l\)](#) (only required if you supervise counselor interns)

Did you complete the approved human trafficking prevention course as required by [Texas Occupations Code Chapter 116](#)? A course on human trafficking is required at every renewal period. You must submit a copy of the certificate showing you completed this requirement with your renewal application.

Yes  No

**Section 3 – Disciplinary Actions, Criminal Convictions and Investigations**

In the past 24 months, have you been:

1. Charged, indicted, placed on community supervision, deferred adjudication or convicted of a class B misdemeanor or greater in any jurisdiction?  Yes  No

2. The subject of a disciplinary action by any licensing or certification board?  Yes  No

3. The subject of any investigation alleging client abuse, neglect or exploitation?  Yes  No

If you answered "yes" to any question in this section, provide the details of any disciplinary action, criminal history incident or investigation in a separate document and submit it with this application.

**Section 4 – Required Fees**

The renewal licensure fees in this section are required in accordance with [TOC Section 504.203\(a\)](#). If you are submitting a late renewal, you must submit the renewal fee and late fee (as indicated below) in accordance with [TOC Section 504.203\(b\)-\(c\)](#) with this application. In accordance with [TOC Section 504.203](#), if your license has been expired for one year or more, you may not renew your license and you must obtain a new license.

Paying by Mail: \$125.00

Paying Online: \$128.00 (includes a required Texas.gov subscription fee as authorized by [25 TAC Section 140.403\(e\)](#))

Late Application by Mail (90 days or less): \$187.50 (includes \$62.50 late fee)

Late Application Online (90 days or less): \$190.50 (includes \$62.50 late fee and Texas.gov subscription fee)

Late Application by Mail (more than 90 days, but less than one year): \$250.00 (includes \$125.00 late fee)

Late Application Online (more than 90 days, but less than one year): \$253.00 (includes \$125.00 late fee and Texas.gov subscription fee)

Fees must be paid with a personal check, cashier's check, commercial check or money order. Make checks payable to the Texas Health and Human Services Commission. **Fees paid to HHSC are not refundable under [25 TAC Section 140.403\(c\)](#).**

**Section 5 – Late Renewal Attestation (Required for Late Renewals Only)**

If you are submitting this renewal request after the date your license expired, you must read, and if true, attest to the following.

I attest that since the expiration of my license, I have not offered or provided chemical dependency counseling services, represented myself as a chemical dependency counselor or used any name, title or designation that implies I am licensed as a chemical dependency counselor. Additionally, I will not engage in activities that require a license until my license has been renewed pursuant to [TOC Chapter 504](#).

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date Signed

**Section 6 – Licensee Signature and Attestation**

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 license application.

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date Signed

**Make payment to HHSC and submit this form,  
required education certifications, and the required fee to:  
HHSC Account Receivable  
Mail Code 1470  
P.O. Box 149055  
Austin, TX 78714-9055**

Email [lcdc@hhs.texas.gov](mailto:lcdc@hhs.texas.gov) with questions about the Licensed Chemical Dependency Counselor (LCDC) Program.