



Licensed Chemical Dependency Counselor
License Renewal Application

Service Code: 529201037

Section 1 — Licensee Information

Name:	License No.:		
Address:	City:	State:	ZIP Code:
Facility/Practice Name:	Licensee Title:		
Area Code and Business Phone No.:	Area Code and Home/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) §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 §140.416(i)
- 40 CE hours – for all other LCDCs, as required by 25 TAC §140.416(j)

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

- 6 total hours about HIV, Hepatitis C and sexually transmitted diseases, required by 25 TAC §140.416(k)
- 3 hours in ethics, required by 25 TAC §140.416(k)
- 3 hours in clinical supervision, required 25 TAC §140.416(l) (only required if you supervise counselor interns)

Did you complete the approved human trafficking prevention course as required by Occupations Code Chapter 116? 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 25 TAC §140.403(a)(3). If you are submitting a late renewal, you must submit the renewal fee and late fee (as indicated below) in accordance with Occupations Code §504.203(b)-(c) with this application. In accordance with Occupations Code §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 §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 §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 licensure as a chemical dependency counselor. Additionally, I will not engage in activities that require a license until my license has been renewed pursuant to Texas Occupations Code, 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 application for licensure.

Licensee Signature

Date Signed

**Submit this form with the required fee to:
HHSC AR, Mail Code 1470
P.O. Box 149055
Austin, TX 78714-9055**

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