

Chemical Dependency Counselor Intern
Registration Application – Licensure by Exam with Degree or Internship

Service Code: 529201037

See form instructions for documents that need to be attached to this completed form.

- Initial Registration**
- Subsequent Registration** (*extension of intern registration – refer to Texas Administrative Code (TAC) Title 25, §140.413*)

Section 1 – Personal Information

Name:	Social Security No.:	Date of Birth:	Gender:	
Street Address:	City:	State:	ZIP Code:	County:
Area Code and Phone No.:	Email:			

Section 2 – Education Information

Highest Level of Education Completed: <input type="radio"/> High School Graduate <input type="radio"/> GED <input type="radio"/> College				
Degree (<i>Associates, Bachelors, etc.</i>):				
Major:		Minor:		
College or University Name:			Area Code and Phone No.:	
Street Address:	City:	State:	ZIP Code:	

Section 3 – Reprinting Fee

Paying by mail: \$65 application and background investigation fee, as required by 25 TAC §140.404(a)(1) and 25 TAC §140.403(a).

Section 4 – Statement of Understanding

Initial each item:

- _____ I hereby authorize any organization, entity or person named in this application to release any information the organization, entity or person may have about me to the Texas Health and Human Services Commission (HHSC).
- _____ I understand I am required to obtain an associate's or more advanced degree to become a Licensed Chemical Dependency Counselor (LCDC), as specified in 25 TAC §140.408(a)(3).
- _____ I understand I am required to successfully complete the licensure examination in accordance with 25 TAC §140.412 to become an LCDC, as specified in 25 TAC §140.408(5).
- _____ I understand I am required to complete the supervised work experience to become an LCDC required by 25 TAC §140.408(a)(4) unless HHSC waived this requirement because I possess a masters or doctoral degree in social work or a counseling-related field and have 48 semester hours of graduate-level courses, as specified in 25 TAC §140.408(b).
- _____ I attest all information provided on this application is true and correct to the best of my knowledge and understand intentionally false or misleading statements on this application may result in my being declared ineligible for licensure.
- _____ I understand data from my application may be used for statistical purposes.
- _____ I understand the licensure documentation will become the property of HHSC.
- _____ I understand all application and licensure fees are nonrefundable.
- _____ I agree to abide by the ethical standards contained in 25 TAC Chapter 140, Subchapter I.

Section 5 – Signature and Attestation (*Must be Notarized*)

By signing this application, I attest I have read 25 TAC, Chapter 140, Subchapter I, and I accept responsibility for remaining knowledgeable of all licensure laws and rules, including revisions.

Applicant Signature **Date**

Notary Public in and for _____ County, state of Texas.

(Notary Seal)

Subscribed and sworn to before me this _____ day of ____ 20 ____ .

My certificate expires: _____

Notary Public Signature: _____