

Licensed Chemical Dependency Counselor Intern Application

Mail your completed application packet with \$65 to:
Texas Department of State Health Services
Professional Licensing and Certification Unit
MC 2003, P O Box 149347 Austin, TX 78714-9347
(512) 834-6605 FAX (512) 834-6677

PHOTO

**IN THIS SPACE SECURELY
ATTACH PHOTO TAKEN
WITHIN THE PAST YEAR**

Please write your name and date of birth
on back of this photo

For Official Use Only
Budget #ZZ743
Fund #191

Initial Registration

Subsequent Registration

(refer to 25 Texas Administrative Code §140.413)

Section I Personal Information

<input type="text"/>		<input type="text"/>		
Social Security Number		Last Name	First Name	Middle Initial
<input type="text"/>				
Mailing Address				
<input type="text"/>				
City	State	ZIP Code	County	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>		
Home Phone		Email Address		
<input type="text"/>		<input type="text"/>		
Work Phone		Date of Birth		

Section II Education Information

High School Graduate

GED

College

Name of College _____

Degree _____ (Associates, Bachelors, etc.)

Major _____ Minor _____

Section III

Criminal History

In accordance with 25 Texas Administrative Code, Chapter 140, Subchapter I, every applicant is required to submit fingerprints for the purpose of obtaining a criminal history check from both the Department of Public Safety (DPS) and the Federal Bureau of Investigations (FBI). This is accomplished through the Fingerprint Applicant Services of Texas (FAST) process. Upon receipt of your application and fee you will be sent a “FAST Fingerprint Pass” for you to use to submit your fingerprints. Please follow the instructions on the pass carefully. **Do not request fingerprint cards. Your fingerprints will be submitted electronically.**

Section IV

Statement of Understanding – please initial each item and sign

_____ I hereby authorize any organization(s), entities or person(s) named in this application to release to the Texas Department of State Health Services (DSHS) any information they may have regarding me.

_____ I understand that, to become an LCDC, I am required to obtain an associate’s or more advanced degree, as specified in the licensure rules.

_____ I understand that, to become an LCDC, I am required to successfully complete the examination, as specified in the licensure rules.

_____ I understand that, to become an LCDC, I am required to complete the supervised work experience, unless it was waived due to possessing a degree as specified in the licensure rules.

_____ I understand that all information provided on this application is true and correct to the best of my knowledge, and that intentionally false or misleading statements on this application may result in my being declared ineligible for licensure.

_____ I understand that data from my application may be used for statistical purposes.

_____ I understand that the licensure documentation will become the property of DSHS.

_____ I understand that all application and licensure fees are non-refundable.

_____ I agree to abide by the ethical standards contained in the LCDC licensure rules.

By signing this application I have read the licensure rules at Title 25, Texas Administrative Code, Chapter 140, Subchapter I, and I accept responsibility for remaining knowledgeable of all licensure laws and rules, including revisions.

Applicant’s Signature

Date

Licensed Chemical Dependency Counselor Intern Registration Application Check List

- Completed application, signed, dated and notarized with a recent full face wallet sized photo.
- Application fee of \$65.00 (personal check, cashier's check, or money order); Payable to HHSC.
Applications will not be processed without the total fee of \$65.00
- An official college transcript (**no photocopies**) documenting the 270 education hours and the 300-hour practicum **with** a letter from the school's department chair/coordinator stating the practicum was completed in the field of chemical dependency; **OR** an official college transcript showing an approved degree, which will waive the education and practicum requirements.

Instructions for Subsequent Registration (refer to 25 TAC §140.413)

- Completed application, signed, dated and notarized with a recent full face wallet sized photo.
- Application fee of \$65.00 (personal check, cashier's check or money order); Payable to HHSC.
Applications will not be processed without the total fee of \$65.00
- Official college transcript containing 12 semester hours (or 18 quarter hours) of coursework at a career school or college or an accredited institution of higher education. The coursework must be related to chemical dependency counseling, psychology, sociology, counseling, mental health, behavioral science, psychiatric nursing, ethics, or rehabilitation counseling. Other courses may be considered on a case by case bases by submitting the course description or syllabus.

If you failed your 4th exam more than three years ago, you may be asked to provide proof of 270 education hours, 300 hour practicum, 4000 hours supervised work experience and two letters of recommendation.

Examination Information

Test Administrator - Texas Certification Board of Addiction Professionals (TCBAP)
(512) 708-0629 or <http://www.tcbap.org>

Examination dates, locations, fees and deadlines, as well as study guides may be obtain by contacting the Texas Certification Board of Addiction Professionals (TCBAP)