



**TEXAS STATE BOARD OF EXAMINERS  
OF PSYCHOLOGISTS**

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Austin, Texas 78701  
Tel.: (512) 305-7700  
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For Agency Use Only

**APPLICATION FOR CRIMINAL HISTORY EVALUATION LETTER**

*(Do Not Submit This Application With Any Application for Licensure)*

An individual requesting a criminal history evaluation letter from this agency must obtain a fingerprint criminal history background check **after** submitting this application. Individuals who obtain their fingerprint criminal history check prior to submitting this application may suffer a delay in receiving their results. To obtain a fingerprint criminal history background check, an individual must utilize a *FAST Fingerprint PASS* form prescribed by the Texas Department of Public Safety. Texas residents may download the *FAST Fingerprint Pass Form – For Use by In-State Applicants Only* by selecting the form for download from the Board's Forms webpage at <http://www.tsbep.texas.gov/form-bank>. Residents of other states will need to contact the Board's office and request a copy of the *Out-of-State License Applicant FAST Fingerprint Pass* form be mailed to them, along with an official FBI fingerprint card.

**APPLICANT INFORMATION**

**Name (Last, First, Middle):**

**Names or aliases  
previously used:**

**Mailing Address:**

**Home Phone No.:**

**Business Phone No.:**

**Cellular Phone No.:**

**Email Address:**

UNIQUE IDENTIFYING INFORMATION		
<b>D.O.B.:</b>	<b>Place of Birth</b> (City, County, and State):	
<b>Social Security No.:</b>	<b>Driver's License No.:</b>	<b>Issuing State for Driver's License:</b>
<b>Sex:</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Height:</b>  _____ ft. _____ inches	<b>Weight:</b>
<b>Eye Color:</b>		<b>Hair Color</b> (natural):
<b>Race/Ethnicity</b> (please check all that apply): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Black or African-American  <input type="checkbox"/> Asian  <input type="checkbox"/> Other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> White  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> American Indian or Alaska Native </div> </div> <p><i>Hispanic or Latino</i> – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race</p> <p><i>White</i> – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p><i>Black or African American</i> – A person having origins in any of the black racial groups of Africa</p> <p><i>Native Hawaiian or Other Pacific Islander</i> – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands</p> <p><i>Asian</i> – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam</p> <p><i>American Indian or Alaska Native</i> – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment</p>		

**DOCUMENTATION**

Have you submitted a fingerprint criminal history background check to the Board's office? *If not, please wait until the Board receives this application before doing so.*

Yes  No

Have you provided certified copies of all court documents concerning those criminal matters listed below?  
*Court documents submitted with this application should include the charging instrument (e.g. information and complaint, indictment), judgment, order of deferred adjudication or other dispositive order, any agreements concerning deferred disposition (e.g. pre-trial diversion, pocket probation), and a copy of the terms and conditions of any probation or community supervision ordered.*

Yes  No

Pursuant to Tex. Occ. Code Ann. §53.022, the Board must consider the following factors when determining whether a criminal conviction directly relates to the practice of psychology:

1. the nature and seriousness of the crime;
2. the relationship of the crime to the purposes for requiring a license to engage in the occupation;
3. the extent to which a license might offer an opportunity to engage in further criminal activity of the same type as that in which the person previously had been involved; and
4. the relationship of the crime to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities of the licensed occupation.

Pursuant to Tex. Occ. Code Ann. §53.023, the Board must consider the following factors when determining whether an applicant is fit to perform the duties and discharge the responsibilities of the practice of psychology:

1. the extent and nature of the person's past criminal activity;
2. the age of the person when the crime was committed;
3. the amount of time that has elapsed since the person's last criminal activity;
4. the conduct and work activity of the person before and after the criminal activity;
5. evidence of the person's rehabilitation or rehabilitative effort while incarcerated or after release; and
6. other evidence of the person's fitness, including letters of recommendation from:
  - a. prosecutors and law enforcement and correctional officers who prosecuted, arrested, or had custodial responsibility for the person;
  - b. the sheriff or chief of police in the community where the person resides; and
  - c. any other person in contact with the convicted person (e.g. pastor, school teachers, professors, co-workers, employers, supervisors).

Applicants are strongly encouraged to provide documentation and/or explanations concerning all of the foregoing factors. Any documentation or explanations received will be considered by the Board when reviewing an application.

Pursuant to Tex. Occ. Code Ann. §53.023(b), applicants have the responsibility, to the extent possible, to obtain and provide this agency with the recommendations of the prosecution, law enforcement, and correctional authorities referenced in paragraph 6 above. Letters of recommendation from each subset under paragraph 6 are preferable, but at the very least applicants should provide three letters of recommendation from the category of individuals identified in paragraph 6c. The letters of recommendation must speak to the applicant's veracity, work ethic, charitable and volunteer efforts in his/her community, and the writer's overall assessment of his/her opinion as to why the applicant would make positive contributions to society as a provider of psychological services. If an applicant is unable to obtain letters of recommendation from the individuals identified in 6a and 6b, the applicant must provide a written explanation for why he/she was unable to do so, along with a description of his/her efforts to acquire the letters.

Additionally, pursuant to Tex. Occ. Code Ann. §53.023(c), an applicant must demonstrate that they have:

1. maintained a record of steady employment (e.g. letters from employers, paystubs);
2. supported his/her dependents;
3. maintained a record of good conduct; and
4. paid all outstanding court costs, supervision fees, fines, and restitution ordered in any criminal case in which the applicant has been convicted.

#### APPLICATION FEE

The \$150 fee for conducting a pre-licensure criminal history evaluation is set forth in the Board's *Fee Schedule* and is non-refundable.

All applications must be accompanied by payment in the correct amount. Applications accompanied by an incorrect payment amount will not be processed, and will be returned to the applicant.

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

Have you enclosed the correct application fee?

Yes  No

**DESCRIPTION OF ALL CRIMINAL OFFENSES RESULTING IN A FINAL DISPOSITION<sup>1</sup>**

<b>Level of Offense</b>	<b>Offense</b>	<b>Final Disposition</b>	<b>Sentence Date</b>	<b>Sentence Completion Date</b>	<b>State Where Offense Occurred</b>
<i>Example:</i>					
<i>State Jail Felony</i>	<i>Possession of a Controlled Substance</i>	<i>5 years deferred adjudication</i>	<i>April 4, 1996</i>	<i>April 3, 2001</i>	<i>Texas</i>

<sup>1</sup> Please do not disclose any charge or offense which has been expunged, or which is subject to an order of non-disclosure. If you are unsure whether a charge has been expunged or is subject to an order of non-disclosure, you should consult with an attorney before completing this application. Failure to disclose a charge or offense which has not been expunged and is not subject to an order of non-disclosure will be treated as a failure to cooperate with the Board's investigation.

**DESCRIPTION OF ALL PENDING CRIMINAL CHARGES**

<b>Level of Offense</b>	<b>Offense</b>	<b>Date of Arrest</b>	<b>Status of Pending Charge</b>	<b>State Where Offense Occurred</b>
<i>Example:</i>				
<i>State Jail Felony</i>	<i>Possession of a Controlled Substance</i>	<i>April 4, 2011</i>	<i>Indictment pending; awaiting trial</i>	<i>Texas</i>

### **Acknowledgment**

I have read and understand Board rule 469.7 and Ch. 53 of the Texas Occupations Code, and by my signature hereinbelow, I request that the Board conduct an evaluation of my criminal history to determine my eligibility for licensure under the Psychologists' Licensing Act.

I acknowledge that any misrepresentation of my criminal history in this application may constitute a criminal violation under Tex. Penal Code §37.10, and may render me ineligible for licensure under the Psychologists' Licensing Act.

I acknowledge that my failure to submit all required information along with this application will prevent the Board from processing my application, and that an incomplete application will only remain pending with the Board for 90 days. I further acknowledge that if an application remains incomplete after 90 days, the application will become void and I will be required to submit a new application and additional fee if I wish to obtain a criminal history evaluation letter.

I acknowledge the statements and information contained in this form are true and correct.

**Signature:**

**Date:**