

	TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS 333 Guadalupe, Suite 2-450 Austin, Texas 78701 Tel.: (512) 305-7700 Fax: (512) 305-7701	<u>For Agency Use Only</u>
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**APPLICATION FOR ISSUANCE AND RENEWAL
OF EMERGENCY LIMITED TEMPORARY LICENSE**

In order to receive an emergency limited temporary license, the applicant must be licensed and in good standing in another jurisdiction. All other temporary licensure requirements and fees are waived. An emergency limited temporary license issued pursuant to Board rule 463.28 will expire thirty (30) days after issuance or upon termination of the state of disaster, whichever occurs first. Receipt of an emergency limited temporary license shall in no way be indicative of eligibility for regular licensure in Texas.

Please submit a copy of your license(s) together with written verification that you are actively licensed, certified, or registered as a psychologist, psychological associate, or specialist in school psychology and in good standing in another jurisdiction. Printouts from a government website reflecting active licensure and good standing will be sufficient. Applications and supporting documentation may be sent to Brian L. Creath, Deputy Executive Director, by fax at 512-305-7701; by e-mail to Deputy.ED@tsbep.texas.gov; or by mail to the address above. If you have any questions, please contact Brian Creath at 512-305-7700.

PLEASE SELECT THE DESIRED LICENSE(S):

- _____ Emergency Limited Temporary License for Licensed Psychologist
- _____ Emergency Limited Temporary Licensure for Licensed Specialist in School Psychology
- _____ Emergency Limited Temporary License for Licensed Psychological Associate

For individuals seeking to renew an emergency limited temporary license, please select the license currently held above, and list your current license number: _____.

Individuals renewing an emergency limited temporary license need only answer questions 1 through 3 below, unless the responses previously provided in the remaining questions are no longer accurate. You do not need to resubmit proof of licensure in another jurisdiction unless requested to do so by agency staff.

PLEASE PRINT OR TYPE:

1. Name _____

First
Middle
Last
2. Mailing Address: _____

Street or P.O. Box
City
State
Zip

3. Telephone No.: _____ E-Mail: _____
4. SSN: _____ Gender: ___ M ___ F DOB: _____
5. Type of licensure held in other jurisdiction(s): _____ License No.: _____
6. Jurisdiction(s) in which you are licensed: _____
7. Is your out-of-state license subject to any current disciplinary action? _____
8. Where will you be providing psychological services while in Texas?

9. What organization, if any, will you be working with? _____

Signature of Applicant/Licensee

Date

Please return this completed application to:
Brian L. Creath, Deputy Executive Director
Texas State Board of Examiners of Psychologists
333 Guadalupe St., Ste. 2-450
Austin, Texas 78701
Tel. (512) 305-7700
Fax (512) 305-7701
Deputy.ED@tsbep.texas.gov