



**TEXAS STATE BOARD OF EXAMINERS
OF PSYCHOLOGISTS**

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For Agency Use Only

**REQUEST FOR WRITTEN VERIFICATION OF LICENSURE
TO STATE LICENSING BOARD (OR OTHER REGULATORY AGENCY)**

This form must be used if you are requesting verification be sent directly to another regulatory agency.

Contact Information for Requestor:			
NAME: Last	First	Middle	PHONE:
COMPANY/AGENCY:			
ADDRESS:			
CITY, STATE, ZIP CODE:			
EMAIL ADDRESS:			
<p>Unless otherwise indicated, written verification of licensure will be sent directly to the licensing board or regulatory agency identified below. In the event you wish to have the verification sent to you, please indicate such by marking the box below.</p> <p><input type="checkbox"/> I hereby request that the written verification of licensure be sent to my mailing address listed above. I acknowledge however, that the verification(s) will be addressed to the licensing board or regulatory agency listed below.</p> <p>Other Instructions: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

Mailing Address For Recipient Licensing Board Or Regulatory Agency

AGENCY NAME:

ADDRESS:

CITY, STATE, ZIP CODE:

Request for Written Verification of Licensure

I am requesting written verification of licensure for the following individual(s)*:

NAME:

LICENSE NO.:

**You may attach additional pages if necessary.*

Does the verification need to contain the licensee's EPPP score? Yes No

Instructions and Payment Information:

The fee for written verification of licensure to a licensing board or regulatory agency is \$50 per license.

All orders must be accompanied by payment in the correct amount. Orders accompanied by an incorrect payment amount will not be processed, and will be returned to the requestor.

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."

Should you have any questions about this form, or need assistance in making your request, please contact the Board's Public Information Officer at the number listed above.

SIGNATURE:

DATE:

