



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## DYSLEXIA THERAPIST OR DYSLEXIA PRACTITIONER APPLICATION INSTRUCTIONS

This application is for an individual who chooses to become licensed as a dyslexia therapist or a dyslexia practitioner under the provisions of Occupations Code, Chapter 403. State law requires that only a person who holds a license is authorized to use the titles "licensed dyslexia therapist" or "licensed dyslexia practitioner." A person who does not use those titles is not required by law to hold a license.

Enclose with this application a check or money order for \$150.00 made payable to Texas Department of Licensing and Regulation and mail to the address shown above. Your initial license will be valid for two years.

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.**

1. NAME – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. GENDER – Select whether you are male or female.
3. DATE OF BIRTH – Write your birthdate.
4. SOCIAL SECURITY NUMBER – Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
  
[www.texasattorneygeneral.gov/cs](http://www.texasattorneygeneral.gov/cs) or call (512) 460-6000 or (800) 252-8014.
5. EMAIL ADDRESS – Write your email address. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. PERSONAL PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. WORK PHONE NUMBER - Write your telephone number, including the area code.
8. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
9. TYPE OF LICENSE FOR WHICH YOU ARE APPLYING – Place a check mark in the box next to the type of license for which you are eligible. You may need to read the information provided in items 10 and 11 to make this determination
10. DYSLEXIA PRACTITIONER – Place a check mark in the appropriate box to indicate whether you are certified or not certified by the Academic Language Therapy Association (ALTA) and provide the required items.

### A. Certified

\_\_\_\_\_ 1. Proof of current certification as an academic language practitioner issued by ALTA.

### B. Not Certified

\_\_\_\_\_ 1. An original transcript that verifies the award of a bachelor's degree (or an advanced degree) from an accredited college or university. If you hold an advanced degree, submit proof of the highest-level degree that you hold.

- \_\_\_\_\_ 2. Proof of successful completion of a training program accredited by the International Multisensory Structured Language Education Council (IMSLEC) that includes, at a minimum:
- 45 contact hours of coursework in multisensory structured language education;
  - 60 hours of supervised clinical experience providing multisensory structured language education to students or adults, either individually or in small groups; and
  - 5 demonstration lessons of multisensory structured language education observed by an instructor and followed by a conference with and a written report by the instructor.
- \_\_\_\_\_ 3. Proof of successful completion of the Alliance National Registration Examination for Multisensory Structured Language Education Practitioner Level administered by ALTA.

11. DYSLEXIA THERAPIST – Place a check mark in the appropriate box to indicate whether you are certified or not certified by the Academic Language Therapy Association (ALTA) and provide the required items.

**A. Certified**

- \_\_\_\_\_ 1. Proof of current certification as an academic language therapist issued by ALTA.

**B. Not Certified**

- \_\_\_\_\_ 1. An original transcript that verifies the award of a master's degree from an accredited college or university. If you hold a more advanced degree, submit proof of the highest-level degree that you hold.
- \_\_\_\_\_ 2. Proof of successful completion of a training program accredited by the International Multisensory Structured Language Education Council (IMSLEC) that includes, at a minimum:
- 200 contact hours of coursework in multisensory structured language education;
  - 700 hours of supervised clinical experience providing multisensory structured language education to students or adults, either individually or in small groups; and
  - 10 demonstration lessons of the practice of multisensory structured language education observed by an instructor and followed by a conference with and a written report by the instructor.
- \_\_\_\_\_ 3. Proof of successful completion of the Alliance National Registration Examination for Multisensory Structured Language Education Therapist Level administered by ALTA.

12. ACADEMIC TRAINING - List all colleges and universities attended and attach additional pages if necessary.

13. POSSESS ANY PROFESSIONAL OR OCCUPATIONAL LICENSE, REGISTRATIONS, CERTIFICATES OR PERMITS ISSUED BY ANY STATE, JURISDICTION, OR TERRITORY – Indicate by checking Yes or No whether you have any other licenses, registrations, certificates or permits. If Yes, give the profession or occupation, license or certificate number, name of the issuing jurisdiction, and date issued.

14. CRIMINAL HISTORY – Indicate by checking Yes or No whether you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/MISC/lic002.pdf](http://www.tdlr.texas.gov/MISC/lic002.pdf).

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at [www.tdlr.texas.gov/crimHistoryEval.htm](http://www.tdlr.texas.gov/crimHistoryEval.htm).

15. DISCIPLINARY ACTION HISTORY – Indicate by checking Yes or No whether you have ever had a professional or occupational license, certification, registration, or permit suspended, revoked, or denied in any state. If YES, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf).

16. STATEMENT OF APPLICANT - Carefully read the statement before dating and signing your application.

## **IMPORTANT INFORMATION REGARDING NON-ACCREDITED TRAINING PROGRAMS**

A person who seeks licensure as a dyslexia therapist or a dyslexia practitioner and who completed a training program that is not accredited by the International Multisensory Structured Language Education Council (IMSLEC) must seek approval by TDLR of the person's training program prior to applying for licensure.

## **APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES**

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at <http://www.tdlr.texas.gov/military.htm>.

## **SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and you check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at [tdlr.texas.gov](http://tdlr.texas.gov) or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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## DYSLEXIA THERAPIST OR DYSLEXIA PRACTITIONER APPLICATION

DO NOT WRITE ABOVE THIS LINE

**APPLICATION FEE: \$150 (FEE IS NON-REFUNDABLE)**

This completed form must be accompanied by required educational documents and the application fee

1. Name:		2. Gender:	
_____		<input type="checkbox"/> M <input type="checkbox"/> F	
Last		First Middle Name Suffix	
3. Date of birth:	4. Social Security Number:	5. Email Address:	
Month Day Year	See Instruction Sheet for Disclosure Information	(Ex: johndoe@aol.com) See Instructions Sheet for Disclosure Information	
6. Personal Phone Number:		7. Work Phone Number:	
( )		( )	
Area Code Number		Area Code Number	
8. Mailing Address:			
(P.O. Box, Number, Street Name/Apartment Number)			
City		State	Zip Code
9. Type of license for which you are applying: Please check the box next to the type of license for which you are eligible. You may need to read the information provided in items 10 and 11 to make this determination.			
<input type="checkbox"/> <b>DYSLEXIA PRACTITIONER</b> - I hold a BACHELOR'S degree (or an advanced degree) from an accredited college or university and I have completed the additional training, experience, and examination qualifications for licensure as a dyslexia practitioner. (See item <b>10</b> below for more information.)			
<input type="checkbox"/> <b>DYSLEXIA THERAPIST</b> - I hold a MASTER'S degree (or a more advanced degree) from an accredited college or university and I have completed the additional training, experience, and examination qualifications for licensure as a dyslexia therapist. (See item <b>11</b> below for more information.)			
10. Dyslexia Practitioner: (place a check mark in the box of your certification)			
<input type="checkbox"/> <b>I am <u>certified</u> by the Academic Language Therapy Association.</b> (checklist of documentation required for licensure)			
A person who holds current certification as an academic language practitioner issued by the Academic Language Therapy Association (ALTA) is required to submit proof of current certification as an academic language teacher or an academic language practitioner issued by ALTA.			
<input type="checkbox"/> <b>I am <u>not certified</u> by the Academic Language Therapy Association.</b> (checklist of documentation required for licensure)			
A person who does <i>not hold current</i> certification as an academic language practitioner issued by ALTA is required to submit the following three items with this application:			
A. An original transcript that verifies the award of a bachelor's degree (or an advanced degree) from an accredited college or university. If you hold an advanced degree, submit proof of the highest-level degree that you hold.			

- B. Proof of successful completion of a training program accredited by the International Multisensory Structured Language Education Council (IMSLEC) that includes, at a minimum:
- 45 contact hours of coursework in multisensory structured language education;
  - 60 hours of supervised clinical experience providing multisensory structured language education to students or adults, either individually or in small groups; and
  - 5 demonstration lessons of multisensory structured language education observed by an instructor and followed by a conference with and a written report by the instructor.
- C. Proof of successful completion of the Alliance National Registration Examination for Multisensory Structured Language Education Practitioner Level administered by ALTA.

11. Dyslexia Therapist: (place a check mark in the box of your certification)

**I am certified by the Academic Language Therapy Association.** (checklist of documentation required for licensure)

A person who holds current certification as an academic language therapist issued by the Academic Language Therapy Association (ALTA) is required to submit proof of current certification as an academic language therapist issued by ALTA.

**I am not certified by the Academic Language Therapy Association.** (checklist of documentation required for licensure)

A person who does not hold current certification as an academic language therapist issued by ALTA is required to submit the following three items with this application:

- A. An original transcript that verifies the award of a master's degree from an accredited college or university. If you hold a more advanced degree, please submit proof of the highest-level degree that you hold.
- B. Proof of successful completion of a training program accredited by the International Multisensory Structured Language Education Council (IMSLEC) that includes, at a minimum:
- 200 contact hours of coursework in multisensory structured language education;
  - 700 hours of supervised clinical experience providing multisensory structured language education to students or adults, either individually or in small groups; and
  - 10 demonstration lessons of the practice of multisensory structured language education observed by an instructor and followed by a conference with and a written report by the instructor.
- C. Proof of successful completion of the Alliance National Registration Examination for Multisensory Structured Language Education Therapist Level administered by ALTA.

12. Academic Training: (List all colleges and universities attended and attach additional pages if necessary)

Name of College/University/Institution: \_\_\_\_\_

Location (city, state, zip): \_\_\_\_\_

Inclusive dates attended, Begin (Mo/Yr): \_\_\_\_\_ End (Mo/Yr): \_\_\_\_\_

Type of Degree Granted: \_\_\_\_\_ Major Field: \_\_\_\_\_

13. Do you possess any professional or occupational licenses, registrations, certificates, or permits issued by any state, jurisdiction, or territory?  Yes  No

If YES, state profession or occupation; license or certificate number; name of the issuing jurisdiction, and date issued:

14. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?  Yes  No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.  
See instructions sheet for more information

15. Have you ever had a professional or occupational license, certification, registration or permit suspended, revoked or denied in any state? (This does not include your driver license)  Yes  No

If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.

16. STATEMENT OF APPLICANT

I certify that I will comply with all applicable laws and rules of the Dyslexia Therapy Program. All information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the license.

Applicant Signature \_\_\_\_\_

Date Signed \_\_\_\_\_