TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

DYSLEXIA THERAPIST OR DYSLEXIA PRACTITIONER APPLICATION

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. 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.

1. LICENSE TYPE – Select the box next to the type of license for which are you applying. Applicants must successfully complete an IMSLEC accredited training program and pass the examination administered by ALTA to qualify for licensure. Visit the ***TDLR website*** for more information.
2. NAME – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
3. GENDER – Select whether you are male or female.
4. DATE OF BIRTH – Provide your birthdate.
5. 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. If you do not have a Social Security Number, you must complete and submit the ***Social Security Number Status Certification*** form. 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***.
6. EMAIL ADDRESS – By providing my email address I authorize the Texas Department ofLicensing 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.
7. PERSONAL PHONE NUMBER – Provide a telephone number, including the area code, where we can reach youduring the day. This may be your office phone number where we can leave a message.
8. WORK PHONE NUMBER – Provide your telephone number, including the area code.
9. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
10. ACADEMIC TRAINING – List all colleges and universities attended and attach additional pages if necessary.
11. POSSESS ANY PROFESSIONAL OR OCCUPATIONAL LICENSE, REGISTRATIONS, CERTIFICATES OR PERMITS ISSUED BY ANY STATE, JURISDICTION, OR TERRITORY – Select 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.
12. CRIMINAL HISTORY – Indicate if 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 (PDF)*** for each offense.
    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 (PDF)***, a completed ***Criminal History Questionnaire (PDF)*** for each crime you were convicted of, or placed on deferred adjudication for, and a $10.00 fee.

13. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If you have, complete, and attach a ***Disciplinary Action Questionnaire (PDF)*** for each disciplinary action.
14. STATEMENT OF APPLICANT – Carefully read the statement before signing and dating your application.

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 (PDF)*** and attach it with your license application. 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***.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
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 your check or money order. Do not send cash.

For additional information and questions, visit the ***TDLR website*** or reach Customer Service via ***webform***. The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR PUBLIC INFORMATION ACT POLICY:
This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the ***TDLR Public Information Act Policy***.

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DYSLEXIA THERAPIST OR DYSLEXIA PRACTITIONER APPLICATION

APPLICATION FEE: $150.00 (FEE IS NON-REFUNDABLE)

This form must be completed and accompanied with the application fee.

1. License Type: (Please select the box next to the type of license for which are you applying)

☐ **DYSLEXIA PRACTITIONER** (must meet all requirements below)

- I hold a **Bachelor's** degree (or an advanced degree) from an accredited college or university
- I have completed training from an IMSLEC accredited training program for dyslexia practitioners, and
- I have successfully passed the ALTA exam for dyslexia practitioners.

☐ **DYSLEXIA THERAPIST** (must meet all requirements below)

- I hold a **Master's** degree (or an advanced degree) from an accredited college or university
- I have completed training from an IMSLEC accredited training program for dyslexia therapists, and
- I have successfully passed the ALTA exam for dyslexia therapists.

2. Name:

Last _____ First _____ Middle _____ Suffix _____

3. Gender: ☐ **Male** ☐ **Female**

4. Date of Birth: _____ MM/DD/YYYY

5. Social Security Number: _____ See instruction sheet for disclosure info

6. Email Address: _____ Ex: johndoe@gmail.com See instruction sheet for disclosure info

7. Personal Phone Number _____ (Area Code) Phone Number

8. Work Phone Number: _____ (Area Code) Phone Number

9. Mailing Address:

P.O. Box, Number, Street Name, Suite/Apartment Number _____ City _____ State _____ Zip Code + 4 _____

10. ACADEMIC TRAINING

(List all colleges and universities attended and attach additional pages if necessary)

Name of College/University/Institution: _____

Location

City _____ State _____ Zip Code _____

Type of Degree Granted: _____ Major Field: _____

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

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

12. 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 (PDF)*** for each offense.

13. Have you ever had a professional or occupational license, certification, registration or permit suspended, revoked or denied in any state?

If YES, complete and submit a ***Disciplinary Action Questionnaire (PDF)*** with this application. This does not include your driver license.

☐ Yes ☐ No

14. 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