



Application for License Dyslexia Therapist or Dyslexia Practitioner

Budget ZZ107

Fund 001

\$ _____

Mail this form with attachments and the licensing fee to:

Dyslexia Therapist & Dyslexia Practitioner
Licensing Program
Texas Department of State Health Services
P. O. Box 149347
Mail Code 2003
Austin, Texas 78714-9347

Mail general correspondence (no fees) to:

Dyslexia Therapist & Dyslexia Practitioner
Licensing Program
Texas Department of State Health Services
P. O. Box 149347
Mail Code 1982
Austin, Texas 78714-9347

(512) 834-6656

(512) 834-6677 fax

dyslexia@dshs.state.tx.us

<http://www.dshs.state.tx.us/dyslexia>

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.

Licensure Fees for all Applications

Enclose with this application a check or money order for \$161.00 made payable to Texas Department of State Health Services and mail to the address shown above left. Your initial license will be valid for two years and will expire on the last day of the month in which it is issued. Upon renewal, your license will be valid for a two-year period. You will be required to remit the renewal fee and to have completed 20 clock-hours of approved continuing education in order to renew your initial license.

1. **Name of applicant:** _____
Last First Middle or Maiden

2. **Date of birth:** _____

3. **Social security number:** _____

NOTE: Disclosure of a social security number is required under the Family Code, Section 231.302. Social security numbers are confidential and will be used for identification and reporting purposes required by law.

4. **Preferred mailing address:** _____
Address or P.O. Box Suite or Apartment number

City State Zip

NOTE: All mail will be sent to the preferred mailing address you list in item 4 without regard to any other address that may appear on this application, any attachments you send, or on the envelope in which it was mailed. Changes in the preferred mailing address should be reported in writing to the Dyslexia Licensing Program at the address shown above. Your mailing address will appear on the Dyslexia Therapist & Dyslexia Practitioner rosters (on our website) and through on-line license verifications.

5. Home telephone: _____ Business telephone: _____
6. E-mail address: _____
7. 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:

8. Have you ever been denied a professional or occupational license, certificate, registration, or permit, or had a professional or occupational license, certificate, registration, or permit revoked, cancelled, or suspended? _____ YES _____ NO If YES, provide the date and briefly state the reason(s):

9. Have you ever been convicted of a felony or misdemeanor? _____ YES _____ NO
Have you ever entered a plea of nolo contendere (no contest), entered a plea of guilty, or received deferred adjudication for a felony or misdemeanor? _____ YES _____ NO
If you answered yes to either of the above, complete this section. Provide the following information for all felony and/or misdemeanor offenses. Include any convictions which are currently on appeal. Attach additional information and documentation or use additional sheets if appropriate.
State offense(s) committed _____
Date(s) of conviction(s) _____ Sentence(s) _____
City, County and State where offense(s) was/were committed _____
Are you/were you on probation/parole? ____ Yes ____ No If yes, discharge date _____

10. TYPE OF LICENSE FOR WHICH YOU ARE APPLYING
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Please mark the space next to the type of license for which you are eligible. You may need to read the information provided in items 11 and 12 in order to make this determination.

_____ **DYSLEXIA PRACTITIONER - I hold a BACHELOR'S degree** (or an advanced degree) from a regionally accredited college or university and I have completed the additional training, experience, and examination qualifications for licensure as a dyslexia practitioner. (See item 11 below for more information.)

_____ **DYSLEXIA THERAPIST - I hold a MASTER'S degree** (or a more advanced degree) from a regionally accredited college or university and I have completed the additional training, experience, and

examination qualifications for licensure as a dyslexia therapist. (See item 12 below for more information.)

11. DYSLEXIA PRACTITIONER – Checklist of Documentation Required for Licensure

_____ I AM CERTIFIED BY THE ACADEMIC LANGUAGE THERAPY ASSOCIATION.

A person who holds *current* certification as an academic language teacher or an academic language practitioner issued by the Academic Language Therapy Association (ALTA) is required to submit the following two items with this application:

1. _____ An original transcript that verifies the award of a bachelor's degree (or an advanced degree) from a regionally accredited college or university. If you hold an advanced degree, please submit proof of the highest level degree that you hold.
2. _____ Proof of current certification as an academic language teacher or an academic language practitioner issued by ALTA.

_____ I AM NOT CERTIFIED BY THE ACADEMIC LANGUAGE THERAPY ASSOCIATION.

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

1. _____ An original transcript that verifies the award of a bachelor's degree (or an advanced degree) from a regionally accredited college or university. If you hold an advanced degree, please 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
 - Five 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 Associate/Teaching Level administered by ALTA.

12. DYSLEXIA THERAPIST with MASTER'S DEGREE – Checklist of Documentation Required for Licensure

_____ I AM CERTIFIED BY THE ACADEMIC LANGUAGE THERAPY ASSOCIATION.

A person who holds *current* certification as an academic language therapist issued by the Academic Language Therapy Association (ALTA) is required to submit the following two items with this application:

1. _____ An original transcript that verifies the award of a master's degree from a regionally accredited college or university. If you hold a more advanced degree, please submit proof of the highest level degree that you hold.
2. _____ Proof of current certification as an academic language therapist issued by ALTA.

_____ I AM NOT CERTIFIED BY THE ACADEMIC LANGUAGE THERAPY ASSOCIATION.

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:

1. _____ An original transcript that verifies the award of a master's degree from a regionally accredited college or university. If you hold a more advanced degree, please 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
 - Ten 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.

13.	IMPORTANT INFORMATION REGARDING NON-ACCREDITED TRAINING PROGRAMS
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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 of the person's training program prior to applying for licensure.

A training program not accredited by IMSLEC must be reviewed and approved by DSHS and the Dyslexia Licensing Advisory Committee before the training program's participants may be approved for licensure. In order to be reviewed, a training program must submit documentation that verifies the training program and its instructors meet the requirements described in the Dyslexia Licensing Program rules found in Title 25, Texas Administrative Code, Subchapter K, Section 140.584 (Requirements for Training Programs and Qualified Instructors).

14.	IMPORTANT NOTICE REGARDING FEE REFUNDS
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Application fees will not be refunded if your application is not approved or if you change your mind about becoming licensed as a dyslexia therapist or dyslexia practitioner. If you are unsure whether you meet the qualifications for licensure, you are encouraged to carefully read all information on this application form, as well as the applicable provisions of Occupations Code, Chapter 403 and the rules of DSHS relating to dyslexia therapist and practitioner licensing. This information is available at the Dyslexia Licensing Program website at the web address shown on page 1.

Applications fees cover the cost of application processing. If an application is approved, an initial license is issued. If you apply for licensure, but a license cannot be issued for any reason, your application fee will not be refunded.

In signing and submitting this application form, you are freely and expressly acknowledging that you have received and that you understand this important information.

PLEASE READ CAREFULLY

Read and initial each statement to certify that you understand and agree to immediately comply with the statement.

- _____ In making application to the Texas Department of State Health Services for the issuance of a license, I have read and understand Occupations Code, Chapter 403 and the Dyslexia Licensing Program Rules (Title 25, Texas Administrative Code, Chapter 140, Subchapter K) and I agree to comply with all of those provisions of law and rule.
- _____ I will comply with all state and federal laws and regulations regarding the delivery of services to persons with dyslexia.
- _____ I attest that I meet the qualifications for the license for which I am applying, as indicated on this application form.
- _____ I understand that fees and materials submitted in the application process are the property of Texas Department of State Health Services. **I understand that fees will not be refunded nor will materials be returned.**
- _____ I agree that, if I am issued a license, I will return the license if it is revoked or suspended in accordance with the provisions of Occupations Code, Chapter 403 or upon lawful demand by the Texas Department of State Health Services.
- _____ I am aware of the schedule of fees and I understand that additional fees must be paid to renew the license and to keep the license current.
- _____ I hereby grant permission to seek information or references necessary in evaluating my credentials pertinent to this application.
- _____ I understand that the disclosure of a social security number is required under the Family Code, Section 231.302. I understand that social security numbers are confidential and will be used for identification and reporting purposes required by law.

The information which I have provided in this application is truthful and complete. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license, or the revocation of my license.

_____ Date _____ Signature of Applicant

PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect.