

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Professional Licensing and Certification Unit - Licensed Chemical Dependency Counselor Program
MC 1982, P. O. Box 149347, Austin, Texas 78714-9347
Phone: (512) 834-6605 FAX: (512) 834-6677
http://www.dshs.state.tx.us/lcdc

CLINICAL TRAINING INSTITUTION (CTI) PERMIT APPLICATION

Check one: **New Application** **Renewal Application for permit # _____**

ORGANIZATION INFORMATION

Name of Organization (*dba if applicable*) _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Telephone number (____) _____ Fax number (____) _____

Facility License Number _____ Exempt status _____

Number of QCC's on staff _____

Description of services provided where interns will be placed: _____

CTI COORDINATOR INFORMATION

I ATTEST THAT ALL OF THE INFORMATION CONTAINED IN THIS REGISTRATION APPLICATION IS TRUE AND CORRECT AND I SHALL ABIDE BY ALL DEPARTMENT OF STATE HEALTH SERVICES RULES

Name of CTI Coordinator (print) _____

License Type and Number _____ Title _____

Signature of CTI Coordinator _____ Date _____

You must attach the following information in order to obtain approval. Application approval applies to all sites that offer chemical dependency counseling services to predominantly substance abusing populations.

Criteria for admitting a CI into your program that includes proof of registration with the Department and a signed ethical agreement consistent with 25 Texas Administrative Code (TAC) §140.423 – Refer to 25 TAC §140.421(b). Please include a copy of the ethical agreement form that a CI would sign.

Written outline of reading assignments and training activities based on Knowledge, Skills, & Attitudes (KSA), broken down by each KSA dimension. (Refer to TAP 21)