

Texas Department of State Health Services

Alcohol Education Program for Minors Administrator/Instructor Training Application

---PLEASE DO NOT SEND MONEY WITH THIS APPLICATION---

Applicant Information

*All information is required ■ Do not leave questions blank, use N/A if not applicable
Please Print Clearly or Type*

Mr. Ms. (please circle) Name:

Home Mailing Address:

City: ZIP: County:

Home Phone: () Work Phone: ()

Fax: () Social Security Number:

Cell Phone: () Drivers License Number:

Email address: Date of Birth:

Current Employment Information

Current Employer (Agency/Organization):

Title:

Position Description:

Licenses (Check all that apply)

Counselor Intern (LCDC or LPC)-circle	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed Psychiatrist/Physician	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Chemical Dependency Counselor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Probation or Parole Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Social Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adult or Child Protective Services Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Professional Counselor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed Vocational Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified Teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Certifications (Check all that apply)

DSHS – DWI Education (DWIE) Instructor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DSHS - Drug Offender Education Program (DOEP) Instructor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DSHS - DWI Intervention (DWII) Instructor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DSHS – Texas Youth Tobacco Awareness Program (TYTAP) Instructor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Certifications—please list:

Case Management/Clinical Counseling/Teaching Experience

Specify Type of Clinical Counseling or Case Management Experience	Number of Years	Specify Type of Teaching Experience	Number of Years

Educational Background

Name of College/University	Type Degree Awarded	Major	Minor	Dates Attended

For Office Use Only

Reviewed By: _____ Date: _____

Approved: Yes No

If not approved, why:

Describe, in detail, your case management/clinical counseling/educational experience relating to substance abuse or mental health: **(Include agency names & dates)**

ALL INSTRUCTORS MUST TEACH FOR CERTIFIED PROGRAMS

Please choose one:

1. I expect to be employed as an (check one) Administrator/Instructor or Instructor for the Texas Alcohol Education Program for Minors, with:

Name of AEPM Program:

Program Number:

Program Mailing Address: _____ City _____ ZIP _____

Program Phone Number:

*If you will be teaching for a program that is already established, this portion **MUST BE** completed by the program administrator of that program, who is authorizing your workshop attendance.*

I, _____, HEREBY AUTHORIZE

**TO ATTEND THE ALCOHOL EDUCATION PROGRAM FOR MINORS ADMINISTRATOR/INSTRUCTOR TRAINING.
THE APPLICANT I AM RECOMMENDING AND AUTHORIZING TO ATTEND THIS WORKSHOP
MEETS THE REQUIRED QUALIFICATIONS.**

AEPM Program Administrator Signature

-OR-

2. I will submit an application for certification of a new Texas Alcohol Education Program for Minors. Yes No
(additional expenses involved)

I certify that all information contained in this application and attachments is true and correct.

Signature of Applicant: _____ Date: _____

RETURN THE COMPLETED APPLICATION, CURRENT RESUME, AND PROOF OF CREDENTIALS (copies of diplomas and/or licenses) TO:

Texas Department of State Health Services
PLCU - Offender Education
PO Box 149347, Mail Code 1982
Austin, TX 78714-9347

Incomplete applications or applications without appropriate attachments will not be processed.

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