TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Professional Licensing & Certification Unit, MC 2003
PO Box 149347
Austin, TX 78714-9347
(800) 832-9623 x2900
www.dshs.state.tx.us/offendered

July 1, 2014

TO: Texas DWI Education Program Administrators

FROM: Offender Education

SUBJECT: DWI Education Program Renewal - **Due: August 31, 2014**

The program certification period for all DWI Education Programs, as outlined in Rule **§**453.107 of Texas Administrative Code Chapter 453, will expire on August 31, 2014.

Enclosed is a form for renewal of program certification as a Texas DWI Education Program covering the period September 1, 2014 through August 31, 2016. Please complete the renewal form and submit it, along with the $225 renewal fee plus $5 for each branch site renewal, to DSHS by August 31, 2014. Renewal forms received after the expiration date of August 31, 2014 will not be processed, and a new application including the $300 program fee must be submitted in order to continue offering DWI Education courses. All fees must be submitted in the form of cashier's check, money order, or governmental agency voucher.

It is our goal to process all renewals in a timely manner. You can assist us in meeting this goal by ensuring that ALL sections on the renewal form have been completed. Incomplete forms will not be processed or renewed. The renewal form may also be downloaded at http://www.dshs.state.tx.us/offendered, in the “Applications/Forms” section.

Please note that as of September 1, 2009, DSHS Offender Education is operating under a new set of program rules. These rules, which may be viewed or downloaded at http://www.dshs.state.tx.us/offendered/oe_rules.shtm, do affect all programs and instructors. We encourage you to review them carefully.

Please contact us at (800) 832-9623, x2900 if you have any questions about the program certification renewal process.

TEXAS DWI EDUCATION PROGRAM RENEWAL FORM

Pursuant to the Offender Education Program Rules, all programs seeking renewal **MUST** complete this renewal form in its entirety. Please return by **August 31, 2014** to the Texas Department of State Health Services, Professional Licensing & Certification Unit/Offender Education—MC 2003, PO Box 149347, Austin, Texas 78714-9347. **Fees of $225, plus $5 for each branch site, must be included with the renewal form.**

Program Renewal Fee – – $225, plus $5 for each branch site (Non-Refundable & Non-Transferable)

Payment must be in the form of cashiers check, money order, or governmental agency voucher.

NOTE: Renewal forms without the fee or incomplete forms will not be processed.
(please type or print legibly)

Program Name:_____ **Program Certification #:** _____

Headquarters Address (must be a physical location, NOT a PO Box or mail store): _____

_____ **County:** _____

Headquarters Phone: (_____)_____ **Headquarters Fax:** (_____)_____

Email Address: _____ **Program Administrator Name:** _____

Are courses conducted at this headquarters address? ☐ Yes ☐ No

Course Fee:_____ **Do you offer Spanish courses?** ☐ Yes ☐ No

BRANCH SITE INFORMATION
(attach additional pages if necessary)

List all currently approved physical branch sites where courses are conducted and that you wish to renew. Indicate any new sites you wish to establish. Branch sites must be located in the same, or adjacent, county as the program headquarters. Each branch site must have a local address and telephone number (local or toll-free) for participants to register and obtain information.

Street Address (Not a PO Box)	City	ZIP	County	Area Code	Phone Number	New?
						☐
						☐
						☐
						☐

INSTRUCTOR INFORMATION

(attach additional pages if necessary)

Include information for each instructor who is teaching DWI Education for your program **as of September 1, 2014**.

NAME	HOME ADDRESS	CITY	ZIP	HOME PHONE	WORK PHONE

FEE CALCULATION

Program Renewal $225

Number of Branch Sites: _____ X $5/site + _____

$_____Total fee submitted

I certify that the information provided herein is correct, and that my DWI Education Program has taught the minimum number of required courses in order to be eligible for program renewal.

_____ _____

Program Administrator Printed Name DWI Education Instructor Certification #

_____ _____

Program Administrator Signature Date

By August 31, 2014 return to:

Texas Department of State Health Services
Professional Licensing & Certification Unit, MC 2003
Offender Education
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Austin, Texas 78714-9347