

# Texas Department of State Health Services

## DWI Intervention Program 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  Yes  No Licensed Professional Counselor  Yes  No

Licensed Chemical Dependency Counselor  Yes  No Licensed Psychologist  Yes  No

Licensed Social Worker  Yes  No Licensed Psychiatrist/Physician  Yes  No

### Certifications (Check all that apply)

DSHS – Drug Offender Education Program (DOEP) Instructor  Yes  No

DSHS - Alcohol Education Program for Minors (AEPM) Instructor  Yes  No

DSHS - DWI Education (DWIE) Instructor  Yes  No

DSHS – Texas Youth Tobacco Awareness Program (TYTAP) Instructor  Yes  No

### 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 with persons having substance abuse problems or mental disorders: **(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 DWI Intervention Program, with:

Name of DWII 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 DWI INTERVENTION PROGRAM ADMINISTRATOR/INSTRUCTOR TRAINING.**

**THE APPLICANT I AM RECOMMENDING AND AUTHORIZING TO ATTEND THIS WORKSHOP**

**MEETS THE REQUIRED QUALIFICATIONS.**

\_\_\_\_\_  
DWII Program Administrator Signature

**-OR-**

**2.** I will submit an application for certification of a new Texas DWI Intervention Program.  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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