



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Professional Licensing & Certification Unit

Offender Education

P.O. Box 149347, MC 1982

Austin, TX 78714-9347

512-834-6628, x2129

<http://www.dshs.state.tx.us/offendered/default.shtm>

MEMO

TO: Drug Offender Education Program Instructors

FROM: Offender Education

SUBJECT: Recertification Form for Drug Offender Education Program Instructors
Due: Prior to your expiration date

Your current Drug Offender Education instructor's certification will expire soon. To renew your certification, you must have conducted a minimum of four (4) complete courses and completed a DSHS-sponsored Offender Education inservice *during* your instructor certification period. Pursuant to the new rules adopted September 1, 2009, *only* instructors who are licensed chemical dependency counselors, licensed professional counselors, licensed psychologists, licensed psychiatrists, or licensed social workers may submit 20 hours of continuing education that are *directly drug-related* and approved by Offender Education, in lieu of attending the in-service. If you are qualified to submit these CE hours, copies of the certificates with your name and the DSHS-approved CE hours listed on them must be received in the Offender Education department *at least 30 days prior* to your instructor certification expiration date, and they may not be CE hours earned through the Offender Education department. In addition, you must complete the enclosed instructor recertification form. **You must send in the instructor recertification form, completed in its entirety, to be recertified.** The instructor recertification form *must* be submitted to the Department **no later than your expiration date**. There is no fee. If the completed recertification form is not received in the Offender Education office **prior to your expiration date**, your Drug Offender Education instructor certification will be immediately expired and you will no longer be able to offer any Drug Offender Education courses.

If you conducted courses after September 1, 2014 *and you need those courses to meet the teaching requirement*, include the supporting documentation for those Drug Offender Education Program courses with the instructor recertification form. The documentation must consist of the copies of the class roster(s) which includes the instructor's name and the dates of course(s).

If you have any questions, please contact us at 512-834-6628, x2129 or via email at offendered@dshs.state.tx.us.

Enclosure



INSTRUCTOR RECERTIFICATION FORM

Drug Offender Education Program Instructors

Return this form **prior to your expiration date** receive a renewal instructor certificate.

ALL BLANKS MUST BE COMPLETED

Full Name: _____

DOEP Instructor Certification Number: _____

Date of Birth (**REQUIRED**): _____

Home Mailing Address: _____

City/State/ZIP: _____

Home Telephone Number: _____

Work Telephone Number: _____

Cell Number: _____

Email Address: _____

I instructed for the following Drug Offender Education Program(s) during the two year certification period prior to my expiration date:

Program Name	Program #	Headquarters Address	City	# of courses taught

Total number of courses taught during your certification period? _____

***Include roster of the courses conducted from September 1, 2014 to present if you need those classes to meet minimum teaching requirements.**

Date of DSHS In-Service: _____

Or (if qualified) Total Number of Directly Drug-Related CE Hours Submitted (must be attached): _____

Prior to your expiration date, return to:
Texas Department of State Health Services
Professional Licensing & Certification Unit/Offender Education
PO Box 149347, MC 1982
Austin, TX 78714-9347
Email: offendered@dshs.state.tx.us or FAX to 512-834-4550