



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157, Austin, Texas 78711-2157
800-803-9202 – (512) 463-6599 – FAX (512) 463-1512
www.tdlr.texas.gov ce@tdlr.texas.gov

CONTINUING EDUCATION PROVIDER REGISTRATION APPLICATION INSTRUCTIONS

**AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED
UNTIL ALL ITEMS HAVE BEEN SUBMITTED AS REQUIRED.**

The application must be completed and signed by the applicant. All information provided must be typed or printed in **black ink**. This application must be submitted on single-sided, 8½" x 11" paper. Please use a paperclip to fasten all pages together, with the check or money order on top. **Please do not use staples.**

1. **Provider Name** - Enter the official name of the provider. This must be the name used in advertisements.
2. **Provider Type** – Make one selection that most closely fits the type of business the provider is engaged in.
3. **Federal ID Number** – Enter the federal/employer ID number. Information regarding the federal/employer ID number may be obtained through www.irs.gov/businesses.
4. **Physical Address** - Enter the physical address of the provider. This address is the actual business location of the provider **where all records** will be kept for auditing purposes. A post office box **is not** acceptable for the physical address
5. **Mailing Address/Contact Person** – Enter the mailing address for the contact person. This address is where the Department will mail all correspondence and may be a post office box. Provide the contact person's name, which is the party responsible for the provider registration and any courses.
6. **Telephone Number** - Enter the telephone number for the contact person. Be sure to include the area code
7. **Fax Number**- Enter the fax number for the contact person..
8. **e-Mail Address** – Enter the e-mail address of the contact person. This address will be part of the key information required to transact business with TDLR. Once approved, a provider will be assigned a Personal Identification Number (PIN) to securely identify the provider. If the PIN is lost or needs to be changed, the e-mail address entered here will be required to change the PIN. The e-mail address will be added to the continuing education email list. This list provides information from the Department on matters affecting continuing education. The Department will also use this e-mail address to inform you of a new "PIN" number, if you should need one. Your e-mail address is confidential pursuant to the Texas Public Information Act. The Department will not share it with the public.
9. **Web Site** – The Department will place your web site address on a web page together with other providers as a way to aid licensees in acquiring continuing education. You will be able to maintain your web site address on the Provider page of the TDLR web site.

10. **Owner Information** - Provide owner information or responsible party.
11. **Background qualifications** - Provide the Department a brief summary of how you will develop and deliver consistent, quality education. You should be able to demonstrate a commitment to continuous improvement and excellence in continuing education. Your business plan should include written policies on items such as refunds, inclement weather, instructor “no shows”, insufficient enrollment, etc.
12. **Signature** – This application should be signed by an officer or other authorized party of the Provider. Be sure to print the party’s name, sign and date the application.

No provider may advertise as a registered provider unless it is registered by the Texas Department of Licensing and Regulation. All advertising shall follow department requirements as stated in Chapter 59.51(k).

Provider registration is valid for a period of **one year** from the date of registration. An expiration date will be shown on the provider registration certificate. If a provider’s registration is terminated for any reason, all course approvals for that provider will also terminate.

It is the responsibility of the provider to submit correct, relevant and timely course content material. Department staff will not check material for detailed accuracy.

PLEASE SEND YOUR APPLICATION, DOCUMENTATION AND ONE CHECK OR MONEY ORDER
IN THE AMOUNT OF \$200.00, PAYABLE TO TDLR TO THE ADDRESS SHOWN ABOVE.
THE APPLICATION FEE IS NON-REFUNDABLE.



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
800-803-9202 - (512) 463-6599 - FAX (512) 463-1512
www.tdlr.texas.gov ce@tdlr.texas.gov

APPLICATION FOR:

CONTINUING EDUCATION PROVIDER REGISTRATION

PURSUANT TO 16 TEXAS ADMINISTRATIVE CODE, CHAPTER 59

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 6 columns: FEE, RECEIPT NUMBER, EVENT CODE, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: Application, [blank], 70005, \$200, [blank], [blank]

DO NOT WRITE ABOVE THIS LINE

THIS FORM MUST BE TYPED OR PRINTED IN BLACK INK

Provider Name [input box]

Provider Type [checkbox] Private Business [checkbox] Association [checkbox] College/University [checkbox] School [checkbox] Government Agency

Federal ID # [input box] Information regarding the Federal/Employer ID# may be obtained through this website: www.irs.gov.businesses

Physical Address (No PO Box) [input box] Address [input box] City, State, Zip Code [input box]

Mailing Address/Contact Person [input box] Address [input box] City, State, Zip Code [input box] Contact Person [input box] Phone Number [input box]

Telephone # [input box] Email Address [input box]

Fax # [input box] Website [input box]

Owner Information (or responsible party) [input box] Name [input box] Phone Number [input box] Address [input box]

BACKGROUND/QUALIFICATIONS (SEE INSTRUCTIONS)

- A brief description of your capability in development and instruction of continuing education courses.
A business plan with clearly defined purposes.

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the law of the Texas Department of Licensing & Regulation (Texas Occupations Code, Chapter 51); and the rules of the Texas Department of Licensing & Regulation (Texas Administrative Code, Chapters 59 and 60). I understand that providing false information on this application may result in the revocation of the approval I am requesting and the imposition of administrative penalties.

Printed Name Signature Date