



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

REGISTERED ACCESSIBILITY SPECIALISTS 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. **Previously Assigned Provider Number** - If you have been previously registered as a provider with TDLR, then enter that provider number, if not skip to 3. If the name given in the "provider name" field is the same as the name used before then Check Y in the appropriate box otherwise check N.
3. **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.
4. **Provider Type** – Make one selection that most closely fits the type of business the Provider is engaged in.
5. **Contact Person** - Enter the name for the person responsible for the day to day operations of the Provider.
6. **Mailing Address** – 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.
7. **Telephone and Fax** – Enter the telephone number and fax number for the contact person. Be sure to include the area code.
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. **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.
10. **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.

PLEASE SEND YOUR APPLICATION, DOCUMENTATION AND ONE CHECK OR MONEY ORDER
IN THE AMOUNT OF \$250.00, PAYABLE TO TDLR TO THE ADDRESS SHOWN ABOVE.
THE APPLICATION FEE IS NON-REFUNDABLE.



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APPLICATION FOR:

REGISTERED ACCESSIBILITY SPECIALISTS
CONTINUING EDUCATION
PROVIDER REGISTRATION

PURSUANT TO GOVERNMENT CODE, CHAPTER 469

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], 78005, \$250, [blank], [blank]

DO NOT WRITE ABOVE THIS LINE

THIS FORM MUST BE TYPED OR PRINTED IN BLACK INK

Provider Name

[Empty text box for Provider Name]

Previously Assigned Provider Number

[Empty checkbox for Previously Assigned Provider Number]

If you have a previously assigned provider number, will this provider registration use the same name.

[Empty checkbox] Y/N

Physical Address (No PO Boxes)

[Empty text box for Physical Address]

Provider Type

[Empty checkbox]

Private Business

[Empty checkbox]

School

[Empty checkbox]

College/University

[Empty checkbox]

Association

[Empty checkbox]

Government Agency

Contact Person

[Empty text box for Contact Person]

Mailing Address

[Empty text box for Mailing Address]

Telephone

[Empty text box for Telephone]

Fax

[Empty text box for Fax]

e-Mail Address

[Empty text box for e-Mail Address]

Web Site

[Empty text box for Web Site]

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 Government Code, Chapter 469, Elimination of Architectural Barriers; the administrative rules (Texas Administrative Code, Chapter 68); 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