



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

CONTINUING EDUCATION PROVIDER REGISTRATION APPLICATION INSTRUCTIONS

Each entity requesting to register as an Continuing Education Provider shall provide an application for approval that shall be in compliance with 16 TAC §59.20 and TDLR established guidelines and criteria for a Continuing Education Provider.

1. Provider Name – Enter the official name of the provider. This must be the name used in advertisements.
2. Application Fee - \$200.00 (All Fees are nonrefundable)
3. Organization Type – Indicate how your business is organized.
4. Federal ID Number – Enter the federal/employer ID number. Information regarding the federal/employer ID number may be obtained through www.irs.gov/businesses.
5. Physical Address – Enter the physical address of the provider. This address is the actual business location of the provider and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address.
6. Provider's Mailing Address and Contact Information – Enter the provider's mailing address, phone number, fax number, email address and website address. This address is where the Department will mail all correspondence and may be a post office box. Provide the contact person's name, telephone number, and email address. This address is where the Department will mail all correspondence and may be a post office box. Provide the contact person's name, telephone number, and email address. Email addresses are a part of the key information required to transact business with TDLR. Your contacts email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
7. Owner Information – Enter the name of the owner and complete the ownership information.
8. Certification Statement – Application must be signed by the owner, officer, or other authorized representative of the business. Be sure to print name, sign and date the application.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [Texas Department of Licensing & Regulation web page](#) or reach the [Education and Examination Division via webform](#) where you can submit your request for assistance and include attachments as needed.

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.

REQUIRED DOCUMENTS

- Application and Fee - \$200.00 (All Fees are nonrefundable)
- 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.
- Business Plan - Your business plan should include written policies on items such as refunds, inclement weather, instructor "no shows", insufficient enrollment, etc.



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1. Provider Name:	2. Federal ID Number:
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3. Organization Type: <input type="checkbox"/> Private Business <input type="checkbox"/> Association <input type="checkbox"/> College/University <input type="checkbox"/> School <input type="checkbox"/> Government Agency	4. Required Fee: (Non-Refundable) \$200.00
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5. Provider's Mailing Address and Contact Information: (Used to receive mail from TDLR P.O. Box is allowed)

Number, Street Name, Suite Number, Building Number

City _____ State _____ Zip Code _____

Email Address _____ Web Address _____

Phone Number _____ Fax Number _____

Contact Person's Name _____ Phone Number _____ Email Address _____

6. Provider's Physical Address: (P.O. Box is not allowed)

Number, Street Name, Suite Number, Building Number

City _____ State _____ Zip Code _____

7. Owner Name and Contact Information:

Legal Name _____ Phone Number _____ Email Address _____

Number, Street Name, Suite Number, Building Number

City _____ State _____ Zip Code _____

8. Certification Statement:

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.

Signature of Owner and/or Officer or Authorized Representative _____ Date Signed _____

Printed Name of Owner and/or Officer or Authorized Representative _____ Title _____