



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

DRUG OFFENDER PROGRAM EDUCATION INSTRUCTOR TRAINING AND CERTIFICATION APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL ATTACHMENTS.

1. NAME – Write your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. GENDER – Select whether you are male or female.
3. DATE OF BIRTH – Write your birthdate.
4. SOCIAL SECURITY NUMBER – Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.texasattorneygeneral.gov/child-support or call (512) 460-6000 or (800) 252-8014
5. EMAIL ADDRESS – By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
8. EMPLOYMENT INFORMATION – Enter the information about your place of employment: name of the business, address, phone number, and fax number. Provide your job title and a description of job position.
9. LICENSES - Place a check in the appropriate box(es) of each license you currently hold.
10. CERTIFICATIONS – Place a check in the appropriate box(es) for each offender education program certification you currently hold, along with listing any other certifications you may have.
11. CASE MANAGEMENT/CLINICAL COUNSELING/TEACHING EXPERIENCE – List the types of clinical counseling or case management and teaching experience you have along with the number of years you performed these duties.
12. EDUCATION – List the dates and the name of the college or university you attended. Enter the degree awarded to you and your course major and minor while attending.
13. DESCRIPTION OF CASE MANAGEMENT/CLINICAL COUNSELING/EDUCATION EXPERIENCE – Describe, in detail, your case management/clinical counseling/education experience relating to substance abuse or mental help. Please include agency name and date. Submit additional pages if needed.
14. PROGRAM INFORMATION – All instructors **MUST** teach for a certified program. Check the box if you are going to be an Administrator/Instructor or Instructor for the Texas Drug Offender Education Program (DOEP). Write the DOEP name, number, mailing address, and a contact phone number for the program. Indicate if you will be submitting an application for certification of a new Texas Drug Offender Education Program.
15. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If Yes, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/Disciplinary%20Action%20Questionnaire.pdf).

16. **CRIMINAL HISTORY** – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf.

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm.

17. **STATEMENT OF APPLICANT** - Carefully read the statement before dating and signing your application.

INSTRUCTOR CERTIFICATION ELIGIBILITY REQUIREMENTS

- You must have a minimum of an associate's degree in the field of psychology, sociology, counseling, social work, criminal justice, education, nursing, health, or traffic safety;
- You must be a licensed chemical dependency counselor, registered counselor intern, licensed social worker, licensed professional counselor, licensed professional counselor intern, certified teacher, licensed psychologist, licensed physician or psychiatrist, probation or parole officer, adult or child protective services worker, licensed vocational nurse, or registered nurse; **or**
- Have at least one year of documented experience in case management or education relating to substance abuse and/or mental health.
- You must successfully pass a criminal history background check.
- You must successfully complete the instructor training course.

CHECKLIST OF DOCUMENTATION REQUIRED TO BE SUBMITTED WITH APPLICATION

- Current resume
- Proof of credentials (copies of diplomas and/or licenses)
- Proof of documented experience

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS, AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans, and military spouses, please complete the **Military Service Member, Military Veteran, or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training, or experience requirements relating to occupational licensing for military service members, military veterans, or military spouses, please go to the TDLR Military Information web page at: <http://www.tdlr.texas.gov/military.htm>.

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 you check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at tdlr.texas.gov or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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DRUG OFFENDER EDUCATION PROGRAM INSTRUCTOR TRAINING AND CERTIFICATION TRAINING APPLICATION

DO NOT WRITE ABOVE THIS LINE

This completed form must be accompanied by all required documents.

1. Name:

Last Name

First Name

Middle Name

Suffix

2. Gender:

Male Female

3. Date of Birth:

Month Day Year

4. Social Security Number:

See Instruction Sheet for Disclosure Information

5. Email Address:

Ex: john.doe@aol.com See Instruction Sheet for disclosure information

6. Phone Number:

Area Code

Number

7. Mailing Address:

(P.O. Box, Number, Street Name, or Suite Number)

City

State

Zip Code

8. EMPLOYMENT INFORMATION

Employer
(Agency/Organization)

Employer
Mailing Address:

(P.O. Box, Number, Street Name, Suite Number, City, State, Zip Code)

Employer Phone No.
(include area code)

Employer Fax No.
(include area code)

Job Title:

Position Description:

9. LICENSES (check all that apply)

Registered Counselor Intern	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed Physician or Psychiatrist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Chemical Dependency Counselor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adult or Child Protective Services Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Social Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certified Teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Professional Counselor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Probation or Parole Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Professional Counselor Intern	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed Vocational Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. CERTIFICATIONS (check all that apply)

DWI Education (DWIE) Instructor Yes No

Alcohol Education Program for Minors (AEPM) Instructor Yes No

DWI Intervention (DWII) Instructor Yes No

Other Certifications: (please list) _____

11. CASE MANAGEMENT/CLINICAL COUNSELING/TEACHING EXPERIENCE
(Add additional pages as needed)

Specify Type of Clinical Counseling or Case Management Experience	Number of Years	Specify Type of Teaching Experience	Number of Years

12. EDUCATION

Name of College/University:		Degree Awarded:
Major:	Minor:	Dates Attended:
Name of College/University:		Degree Awarded:
Major:	Minor:	Dates Attended:
Name of College/University:		Degree Awarded:
Major:	Minor:	Dates Attended:
Name of College/University:		Degree Awarded:
Major:	Minor:	Dates Attended:

13. Describe, in detail, your case management/clinical counseling/educational experience relating to substance abuse or mental health include agency names and dates. (Submit additional pages if needed.)

14. PROGRAM INFORMATION (All instructors **must** teach for certified programs.)

I expect to be employed as an: (check one)

- Administrator/Instructor Instructor for the Texas Drug Offender Education Program (DOEP)

Name of DOEP program: _____

Program Number: _____ Program phone number: _____
(include area code)

Mailing Address: _____
P.O. Box, Number, Street Name, Suite Number, City, State Zip Code

I will submit an application for certification of a new Texas Drug Offender Education Program: Yes No

15. Have you ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state? Yes No
If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.
This does not include your driver's license

16. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? Yes No
If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.
See instructions sheet for more information

17. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable laws and rules of the Drug Offender Education Program including Transportation Code §§521.374 - 521.376; Occupations Code, Chapter 51; and the administrative rules under 16 Texas Administrative Code, Chapters 60 and 90. I understand that providing false information on this application may result in denial of this application and/or revocation of the certification I am requesting and the imposition of administrative penalties.

Signature of Applicant

Date