



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

DWI INTERVENTION PROGRAM 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 your 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.
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 DWI Intervention DWII Program. Write the DWII 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 DWI Intervention Program.

14. **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_Action_Questionnaire.pdf).

15. **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 \$10.00 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.

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

INSTRUCTOR CERTIFICATION ELIGIBILITY REQUIREMENTS

- You must be a licensed chemical dependency counselor, registered counselor intern, licensed social worker, licensed professional counselor, licensed professional counselor intern, licensed psychologist, licensed physician or psychiatrist; and
- You must have a minimum of an associate's degree in the field of psychology, sociology, counseling, social work, criminal justice, education, nursing, or health; or
- You must have a minimum of two years of documented experience providing direct client services related to the applicable internship, licensing, or education documented in the field of psychology, sociology, counseling, social work, criminal justice, education, nursing, health or traffic safety to persons with substance abuse problems or mental disorders.
- 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 \(PDF\)](#) and attach it with your license application.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the [TDLR Military Information web page](#).

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 [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 463-9468. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday from 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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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/Apartment 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)

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 Social Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Chemical Dependency Counselor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Professional Counselor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed Physician or Psychiatrist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Professional Counselor Intern	<input type="checkbox"/> Yes <input type="checkbox"/> No		

10. CERTIFICATIONS (check all that apply)

Drug Offender Education Program (DOEP) Instructor Yes No

Alcohol Education Program for Minors (AEPM) Instructor Yes No

DWI Education (DWIE) 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:

