



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

DWI INTERVENTION PROGRAM INSTRUCTOR CERTIFICATION RENEWAL APPLICATION INSTRUCTIONS

Complete this renewal application prior to your certification expiration date. 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. DATE OF BIRTH – Write your birthdate.
3. 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
4. DWI INTERVENTION (DWII) INSTRUCTOR CERTIFICATION NUMBER – Enter your current DWII instructor certification number.
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. DWI INTERVENTION PROGRAMS INSTRUCTED – Write the name of the DWII programs you have instructed, the program number, program headquarters address, and the number of courses taught. Submit additional pages if needed.
9. CONTINUING EDUCATION (IN-SERVICE) – Write the date and hours continuing education was completed.
10. 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 since your last renewal. 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.
11. STATEMENT OF APPLICANT - Carefully read the statement before dating and signing your application.

CONTINUING EDUCATION REQUIREMENTS FOR RENEWING CERTIFICATION

- You must teach a minimum of **two (2)** complete DWI Intervention courses and attend at least **one (1)** department-sponsored DWI Intervention Instructor continuing education seminar during the Instructor's certification period, and each subsequent Instructor certification period.
- If the department sends you notice, you must attend additional department sponsored DWI Intervention Instructor continuing education seminars or special meeting regarding changes to curriculum or significant updates to curriculum material.
- If you are a licensed chemical dependency counselor, licensed professional counselor, licensed psychologist, licensed psychiatrist, or licensed social worker, you may complete 20 hours of continuing education that is directly alcohol-related, in lieu of attending the department-sponsored continuing education seminar.
- Continuing education hours obtained in a department-sponsored DWI Intervention Instructor continuing education seminar may be used to fulfill the continuing education requirement of another Offender Education certification, as long as the seminar occurs during the current certification period and as long as the instructor pays for each certification.
- Team teaching, with no more than two certified instructors, may be counted towards the fulfillment of the teaching requirement.

The department employs an audit system for continuing education reporting. You will be responsible for maintaining a record of your continuing education experiences. The certificates, diplomas, or other documentation verifying earning of continuing education hours are not to be forwarded to the department at the time of renewal unless you have been selected for audit.

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 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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DWI INTERVENTION PROGRAM INSTRUCTOR CERTIFICATION RENEWAL APPLICATION

DO NOT WRITE ABOVE THIS LINE

The application form must be accompanied by all required documents before processing.

1. Name:

Last Name

First Name

Middle Name

Suffix

2. Date of Birth:

3. Social Security Number:

4. DWII Instructor Number:

Month Day Year

See Instruction Sheet for Disclosure Information

5. Email Address:

6. Phone Number:

Ex: john.doe@aol.com See Instruction Sheet for Disclosure Information

Area Code

Number

7. Mailing Address:

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

City

State

Zip Code

8. DWI Intervention Programs Instructed

I instructed for the following DWI Intervention Program(s) during the two-year certification period prior to my expiration date. (Submit additional pages if needed.)

Program Name: _____ **Program Number:** _____

Headquarters
Physical Address: _____ **Number of courses taught:** _____
Number, Street Name, Suite#, City, State Zip Code

Program Name: _____ **Program Number:** _____

Headquarters
Physical Address: _____ **Number of courses taught:** _____
Number, Street Name, Suite#, City, State Zip Code

Program Name: _____ **Program Number:** _____

Headquarters
Physical Address: _____ **Number of courses taught:** _____
Number, Street Name, Suite#, City, State Zip Code

Program Name: _____ **Program Number:** _____

Headquarters
Physical Address: _____ **Number of courses taught:** _____
Number, Street Name, Suite#, City, State Zip Code

Total number of courses taught during your certification period: _____

9. Continuing Education (In-Service):

Date CE Completed: _____ Hours Completed: _____

10 Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation since your last renewal? Yes No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.

See instructions sheet for more information

11. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable laws and rules of the DWI Intervention Program including Code of Criminal Procedure, Chapter 42A, Articles 42A.404, 42A.405, and 42A.406; 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