



Budget ZZ740
Fund 190

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Professional Licensing & Certification Unit, MC 2003

PO Box 149347

Austin, TX 78714-9347

(800) 832-9623, x2129

www.dshs.state.tx.us/offendered

June 26, 2015

TO: Texas DWI Intervention Program Administrators

FROM: Offender Education

SUBJECT: DWI Intervention Program Renewal - **Due: August 31, 2015**

The program certification period for all DWI Intervention Programs, as outlined in Rule §453.107 of Texas Administrative Code Chapter 453, will expire on August 31, 2015.

Enclosed is a form for renewal of program certification as a Texas DWI Intervention Program covering the period September 1, 2015 through August 31, 2017. Please complete the renewal form and submit it, along with the \$225 renewal fee plus \$5 for each branch site renewal, to DSHS by August 31, 2015. Renewal forms received after the expiration date of August 31, 2015 will not be processed, and a new application including the \$300 program fee must be submitted in order to continue offering DWI Intervention courses. All fees must be submitted in the form of cashier's check, money order, or agency voucher.

It is our goal to process all renewals in a timely manner. You can assist us in meeting this goal by ensuring that ALL sections on the renewal form have been completed. Incomplete forms will not be processed or renewed. The renewal form may also be downloaded at <http://www.dshs.state.tx.us/offendered>, in the "Applications/Forms" section.

Please note that as of September 1, 2009, DSHS Offender Education is operating under a new set of program rules. These rules, which may be viewed or downloaded at http://www.dshs.state.tx.us/offendered/oe_rules.shtm, do affect all programs and instructors. We encourage you to review them carefully.

Please contact us at (800) 832-9623, x2129 or email us at offendered@dshs.state.tx.us if you have any questions about the program certification renewal process.



Texas DWI Intervention Program Renewal Form

Pursuant to the Offender Education Program Rules, all programs seeking renewal **MUST** complete this renewal form in its entirety. Please return by **August 31, 2015** to the Texas Department of State Health Services, Professional Licensing & Certification Unit/Offender Education—MC 2003, PO Box 149347, Austin, Texas 78714-9347. **Fees of \$225, plus \$5 for each branch site, must be included with the renewal form.**

Program Renewal Fee -- \$225, plus \$5 for each branch site (Non-Refundable & Non-Transferable)
Payment must be in the form of cashiers check, money order, or agency voucher.

NOTE: Renewal forms without the fee or incomplete forms will not be processed.
(please type or print legibly)

Program Name: _____ **Program Certification #:** _____

Headquarters Address (must be a physical location, NOT a PO Box or mail store): _____

_____ **County:** _____

Headquarters Phone: (____) _____ **Headquarters Fax:** (____) _____

Email Address: _____ **Program Administrator Name:** _____

Are courses conducted at this headquarters address? Yes No

Course Fee: _____ **Do you offer Spanish courses?** Yes No

BRANCH SITE RENEWAL INFORMATION
(attach additional pages if necessary)

List all currently approved physical branch sites where courses are conducted and that you wish to renew. Indicate any new sites you wish to establish. Branch sites must be located in the same, or adjacent, county as the program headquarters. Each branch site must have a local address and telephone number (local or toll-free) for participants to register and obtain information.

Street Address (Not a PO Box)	City	Zip	County	Area Code	Phone Number	New?
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

INSTRUCTOR INFORMATION
(attach additional pages if necessary)

Include information for each instructor who is teaching DWI Intervention for your program as of September 1, 2015.

NAME	HOME ADDRESS	CITY	ZIP	HOME PHONE	WORK PHONE

FEE CALCULATION

Program Renewal
Number of Branch Sites: _____ X \$5/site + \$225
\$ _____ Total fee submitted

I certify that the information provided herein is correct, and that my DWI Intervention Program has taught the minimum number of required courses in order to be eligible for program renewal.

Program Administrator Printed Name

DWI Intervention Instructor Certification #

Program Administrator Signature

Date

By August 31, 2015 return to:

Texas Department of State Health Services
Professional Licensing & Certification Unit, MC 2003
Offender Education
PO Box 149347
Austin, Texas 78714-9347