



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES**

Professional Licensing & Certification Unit, MC 2003

PO Box 149347

Austin, TX 78714-9347

(512) 834-6628 x2129

[www.dshs.state.tx.us/offendered](http://www.dshs.state.tx.us/offendered)

June 20, 2016

**TO:** Texas DWI Education Program Administrators

**FROM:** Offender Education

**SUBJECT:** DWI Education Program Renewal - **Due: August 31, 2016**

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The program certification period for all DWI Education Programs, as outlined in Rule §453.107 of Texas Administrative Code Chapter 453, will expire on August 31, 2016.

Enclosed is a form for renewal of program certification as a Texas DWI Education Program covering the period September 1, 2016 through August 31, 2018. 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, 2016. Renewal forms received after the expiration date of August 31, 2016 will not be processed, and a new application including the \$300 program fee must be submitted in order to continue offering DWI Education 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>.

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>, do affect all programs and instructors. We encourage you to review them carefully.

Please contact us at (512) 834-6628, x2129 if you have any questions about the program certification renewal process.



TEXAS DWI EDUCATION 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, 2016 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. All information is REQUIRED. (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 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.

Table with 7 columns: Street Address (Not a PO Box), City, ZIP, County, Area Code, Phone Number, New? and 5 rows of empty cells.

**INSTRUCTOR INFORMATION**  
 (attach additional pages if necessary)

Include information for each instructor who is teaching DWI Education for your program as of September 1, 2016.

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 Education Program has taught the minimum number of required courses in order to be eligible for program renewal.

\_\_\_\_\_  
 Program Administrator Printed Name

\_\_\_\_\_  
 DWI Education Instructor Certification #

\_\_\_\_\_  
 Program Administrator Signature

\_\_\_\_\_  
 Date

**By August 31, 2016 return to:**  
  
 Texas Department of State Health Services  
 Professional Licensing & Certification Unit, MC 2003  
 Offender Education  
 PO Box 149347  
 Austin, Texas 78714-9347