

TEXAS DWI INTERVENTION PROGRAM

(Please type or print clearly in ink)

This application must be completed by all applicants seeking approval as one of the above approved Texas DWI Intervention Program. Submit the application, required attachments, and the non-refundable initial application fee to the **Texas Department of State Health Services, Professional Licensing & Certification Unit, Offender Education, P.O. Box 149347, Mail Code 2003, Austin, Texas 78714-9347.**

INITIAL APPLICATION FEE -- \$300.00 plus \$5 for each additional branch site (NON-REFUNDABLE)
Payment must be in the form of cashier's check, money order, or governmental agency voucher.

NOTE: INCOMPLETE APPLICATIONS, OR APPLICATIONS WITHOUT FEE INCLUDED, WILL NOT BE PROCESSED.

Program Administrator Name (Last, First, Middle)—*must be a certified DWI Intervention Instructor:*

Mailing Address of Headquarters (Street, City, State, Zip):

County:

Will courses be conducted at this location? YES NO

Business Phone:

Business Fax:

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E-Mail Address:

Name of DWI Intervention Program:

List all *physical* branch sites where classes will be conducted, **even if it is the same as mailing address for headquarters**. These will be the sites that are available to the public to take courses. Please include street address, city, and phone number. Branch sites shall be located in the same, or adjacent, county as the program headquarters. Each branch office/site **must** have a local address and telephone number (local or toll free call) for participants to register and obtain information. (Duplicate program Certificates of Approval must be purchased separately from DSHS for each branch site. Please include \$5 for each branch site certificate with application fee):

Physical Sites of ALL Locations Where Courses are Conducted—including headquarters if courses are conducted there

Street Address

City & County

Phone Number

QUESTIONS

(All questions must be fully answered. If an explanation or additional information is required, please attach additional sheets, if necessary, and submit with the application.)

A. List names, business addresses and business telephone numbers of certified instructors who will be teaching the curriculum. Indicate for each whether they have successfully completed the DWI Intervention Administrator/Instructor Training and dates attended. If the instructor(s) have not yet attended the training course, indicate the date for which they have applied for training.

Name	Address	Phone	Completed Training Yes/No	Dates Attended or Applied

B.

Yes No Will all classes be conducted by the certified instructor(s) listed above?

\$ _____ Indicate amount of course fee?

Yes No Will Spanish classes be offered by this program? **If yes, Spanish course materials must be purchased and proof submitted.**

Yes No Will the state-approved curriculum be used in the class instruction and be presented in the prescribed manner and sequence?

SASSI SALCE Other (List) Indicate which screening instrument(s) will be utilized? Check all that apply.

- SASSI
- SALCE
- Other (List)

Who will administer the screening instrument? (First and Last Name)

Name	Title	Certified?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bi-monthly Quarterly Monthly Other _____ How often will you offer the program? Please check one.

Yes No Will two one-on-one sessions be held with each participant?
How will these sessions be scheduled?

Yes No Will the program require each participant to attend an exit interview?

Yes No Does your classroom have seating and desk-like writing facilities?

Yes No Is the classroom facility in compliance with the Americans with Disabilities Act - 1990?

_____ How many participants will your classroom accommodate?

What provisions are made to provide the program for those persons who are unable to read and/or speak English? Are they screened prior to class? Will a separate class be offered for them? Will the classes be waived? Explain how the required written materials will be completed.

Yes No Will the Class Roster, Participant Agreement Form, Screening and Evaluation Form, Program Schedule, Attendance Sign-In Sheet, Family nights, and Personal Data forms currently available in the state-approved curriculum be used? **(If no, please submit copies of forms to be used.)**

Yes No Will your program require each participant to write an action plan?

Yes No Will you administer participant course evaluations?

Overhead Projector VCR/DVD Projector (PowerPoint) TV: Size _____ Flip Chart White Board

Indicate what audio-visual equipment will be utilized. **Check all that apply.**
(Indicate size of screen projection: _____.)

Yes No Is all equipment in good working order?

Yes No Will you provide participants with a list of local chemical dependency counseling and treatment resources?

Once approved, does the program agree to report the following information annually to the Texas Department of State Health Services, Offender Education Services?

Yes No Driver's license numbers of all participants, or, in the absence of a driver's license number, the social security number and birth date of each participant?

Yes No Total number of participants entering each course?

Yes No Total number of participants completing each course?

Yes No Total number of courses held annually?

Yes No Names of all instructors employed by the program and number of courses each conducted during the year, respectively.

Yes No Total number of participants who enter treatment as a result of participation in the Approved DWI Intervention Program.

REQUIRED RESOURCE/SUPPORTING MATERIALS

Please attach copies of receipts, indicating required resource materials being purchased. If the program will be offering Spanish classes, materials in Spanish are required to be purchased. Failure to provide evidence of purchase and/or acquisition of required materials, videos, equipment, etc. could result in the program application being denied. *When ordering videos from FMS Productions, you must identify yourself as a Department of State Health Services (DSHS) DWI Intervention Program in order to purchase videos at the discounted price.*

REQUIRED ATTACHMENTS

1. Written job description for instructors and administrator, outlining the functions and responsibilities of each.
2. Schedule of courses that the program plans to offer.
3. Proof of purchase of all required materials (all videos from all vendors, resource/supporting materials, certificates, etc).
4. Copy of all instructors screening instrument certificates.
5. Program fee and fee for each branch site.

CONDITIONS

As a condition of the issuance of this Certificate of Approval to operate an approved DWI Intervention Program per the requirement of Article 42.12, Section 13(j), Code of Criminal Procedure, the undersigned undertake and agree to all of the following conditions:

- A. To comply with the Texas Department of State Health Services Offender Education Rules, Chapter 453.
- B. To maintain adequate records as prescribed by the Texas Department of State Health Services Offender Education Rules.
- C. To permit the Texas Department of State Health Services, or its designated representative, to monitor the program, either announced or unannounced, in order to assure compliance with the standards.
- D. To employ or otherwise make use of instructors and administrators who have been properly trained as stated in this application.
- E. To advise the Texas Department of State Health Services when a trained instructor or administrator is employed or terminated by the program.
- F. To advise the Texas Department of State Health Services of any material change in the application or the schedules which are made part of thereof.

I, the undersigned, swear (affirm) that I have read the entire foregoing application; that I am familiar with all of its content and that all answers, statements, explanations, and all other materials contained therein are true in substance and in fact.

(Program Administrator's signature in ink)

(Type Administrator's name)

(Type Administrator's title)

Subscribed and sworn to before me, this _____ day of _____, 20_____.

State of Texas, County of _____.

(Notary's signature in ink)

Notary Public State of Texas.

My commission expires _____.

(Type Notary's name)

To knowingly make a false statement or conceal a material fact in this application will result in the denial and/or revocation of your Certificate of Approval.

AFTER COMPLETING THIS APPLICATION (INCLUDING REQUIRED ATTACHMENTS, NONREFUNDABLE \$300.00 INITIAL APPLICATION FEE, AND \$5 FEE FOR EACH BRANCH SITE) MAIL TO:

**Texas Department of State Health Services
PLCU, Offender Education
PO Box 149347, Mail Code 2003
Austin, Texas 78714-9347**

DID YOU INCLUDE :

_____ \$300 Application Fee? _____ Job Descriptions of Administrators and Instructors? _____ Proof of Purchase--Videos (from all vendors)?
_____ Schedule of Classes? _____ Copy of Instructors Screening Instrument Certificate? _____ Proof of Purchase--Resource Materials/Certificates?
_____ \$5 for each Branch Site

**Incomplete applications, or applications without fee or required attachments,
will *not* be processed.**