

**Texas Department of State Health Services  
TEXAS DRUG OFFENDER EDUCATION PROGRAM APPLICATION**

**(please type)**

This application must be completed by all certified Drug Offender Education Program instructors seeking certification as a Texas Drug Offender Education Program, pursuant to Texas Transportation Codes 521.371 - 521.377. Submit the application, required attachments, and the non-refundable initial application fee to the **Texas Department of State Health Services (DSHS), PLCU, Offender Education, PO Box 149347, Mail Code 2003, Austin, TX 78714-9347**

**INITIAL APPLICATION FEE -- \$300.00 (NON-REFUNDABLE)**

**and \$5.00 non-refundable fee for each branch site**

**Payment must be in the form of cashier's check, money order, or commercial check.**

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

Program Administrator Name (Last, First, Middle)—*must be a certified Drug Offender Education Instructor:*

Mailing Address of Program Headquarters (Street, City, State, Zip)—THIS CANNOT BE A RESIDENTIAL ADDRESS:

**Will courses be conducted at this location?    YES            NO**

Business Phone:

Business FAX:

(     )

(     )

E-Mail Address:

County:

Name of Drug Offender Education 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**

**Zip**

**Phone #**

**County**

**QUESTIONS**

*(All questions must be fully answered. If an explanation or additional information is required, please use "Explanations" sheet or 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 Drug Offender Education 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

1. Will the state-approved curriculum entitled Texas Drug Offender Education Program be used in the class instruction and be presented in the prescribed manner and sequence?      Yes      No

2. a) Have you informed the adult probation department(s) and appropriate adjudicating court(s) about the availability of your program?      Yes      No

If yes, did they indicate they would use your program?      Yes      No

b) Will persons convicted of drug offenses be required to attend and successfully complete your program as a condition of probation and as required by Texas Transportation Code, 521.371-521.377?      Yes      No

c) Will other probationers be required or allowed to attend? If yes, please explain what type of probationers will attend (i.e., what type of offenses were committed?)

\_\_\_\_\_

\_\_\_\_\_

d) What other methods will be used to generate referrals to your Offender Education Program?

\_\_\_\_\_

\_\_\_\_\_

e) What will be the disposition of those participants who fail to complete the course?

\_\_\_\_\_

\_\_\_\_\_

f) What method will be used to report to the community supervision and corrections department and the convicting court clerk the participant's successful completion or non-completion of the course?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Will all classes be conducted by the certified instructor(s) listed on previous page? Yes      No
4. a) How many hours of class instruction will be provided in each session conducted? Do not count the data collection, screening and registration process.  
\_\_\_\_\_
- b) How many class sessions per course will be held per week? (2 times, 3times) \_\_\_\_\_
- c) How many class sessions will be conducted? \_\_\_\_\_
- d) How often will you offer the program? (bimonthly, quarterly, etc.) \_\_\_\_\_
- e) Will you allow participants to make-up missed classes or will you require them to start over? (Explain)  
\_\_\_\_\_  
\_\_\_\_\_

5. How, when and where will data collection be completed?  
\_\_\_\_\_  
\_\_\_\_\_

6. a) When and how will the screening be completed?  
\_\_\_\_\_
- b) What screening instrument(s) will be utilized?  
\_\_\_\_\_
- c) What is your screening instrument designed to determine?  
\_\_\_\_\_  
\_\_\_\_\_
- d) Who will administer the screening instrument?
- | <b>NAME</b> | <b>POSITION TITLE</b> |
|-------------|-----------------------|
| _____       | _____                 |
| _____       | _____                 |
- e) Are all persons administering the screening instrument properly trained in the administration of the instrument? If yes, explain how, when and by whom they were trained. **(Please submit a copy of screening certificate.)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Will the participants be required to read and complete a Personal Data Form? (If Personal Data Form is different from the one in the state approved curriculum, please submit a copy of the form to be used.)      Yes      No
8. When and where will registration be completed? \_\_\_\_\_
9. Will your program collect course fees? (If yes, what is the fee and what methods will be used to collect the fees).  
\_\_\_\_\_  
\_\_\_\_\_
10. Explain how the program will inform the participant of the course dates, time and location of the class sessions and exit interviews.  
\_\_\_\_\_  
\_\_\_\_\_
11. 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?  
\_\_\_\_\_  
\_\_\_\_\_
12. Will you offer Spanish speaking courses?      Yes      No      If yes, how often will you offer these courses?  
\_\_\_\_\_
13. Does your classroom have sufficient number of tables or desks?      Yes      No
14. Is the classroom facility in compliance with the Americans with Disabilities Act - 1990?      Yes      No
15. How many participants will your classroom accommodate? \_\_\_\_\_
16. What will be the maximum number of participants allowed in each course? \_\_\_\_\_
17. What will be the policy for allowing family members/friends to attend the program?  
\_\_\_\_\_  
\_\_\_\_\_
18. Will your program require each participant to write an action plan?      Yes      No
19. Will you administer student course evaluations?      Yes      No
20. a) Will your program conduct an exit interview each participant?      Yes      No      If yes, what will be discussed?  
\_\_\_\_\_  
\_\_\_\_\_
- b) How will it be scheduled? \_\_\_\_\_
21. Please submit a written job description that specifically outlines the qualifications, duties and responsibilities of the course instructor(s) and administrator.
22. Once approved, does the program agree to report the following information annually to DSHS Offender Education?
- a. Total number of participants entering each course?      Yes      No
- b. Total number of participants successfully completing each course?      Yes      No
- c. Total number of courses held annually?      Yes      No







**CONDITIONS**

As a condition of the issuance of this Certificate of Approval to operate an approved Drug Offender Education Program per the requirement of Texas Transportation Codes 521.371-521.377; the undersigned undertake and agree to all of the following conditions:

- A. To comply with the Texas Department of State Health Services (DSHS) Offender Education Rules.
- B. To maintain adequate records as prescribed by the DSHS Offender Education Rules.
- C. To permit DSHS Offender Education, 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 DSHS Offender Education when a trained instructor or administrator is employed or terminated by the program.

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 \_\_\_\_\_, 19\_\_\_\_\_.

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.**