

**Texas Department of State Health Services
TEXAS DWI EDUCATION PROGRAM APPLICATION**

(Please type)

This application must be completed by all certified DWI Education Program instructors seeking certification as a Texas DWI Education Program, pursuant to Article 42.12, Section 13 (h), Code of Criminal Procedure. 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 DWI 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:

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E-Mail Address:

County:

Name of DWI Education Program:

List all *physical* branch sites where courses will be conducted, **even if it is the same as mailing address for headquarters**. These will be the sites that are viewable to the public. 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 Offender Education Administrator/Instructor Training and dates attended. If the instructor(s) has not yet attended the training course, indicate the date for which he/she has applied for training.

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

1. Will the state-approved curriculum entitled Texas DWI 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 misdemeanor DWI offenders be required to attend and successfully complete your program as a condition of probation and as required by Article 42.12, Section 13(h), Code of Criminal Procedure? 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 DWI 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.
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- b) How many individual sessions will be conducted?
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- c) How many class sessions per course will be held per week?
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- d) How many class sessions will be conducted?
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- e) How often will you offer the program? (bimonthly, quarterly, etc.)
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- f) Will you allow participants to make-up missed classes or will you require them to start over? (Explain)
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5. How, when and where will data collection be completed?

6. a) When and how will the screening and registration be completed?
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- b) What screening instrument(s) will be utilized? (The required screening instrument is the Numerical Drinking Profile. Please list any other instruments to be used.)
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- c) What is your screening instrument designed to determine?
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- d) Who will administer the screening instrument?
- | NAME | POSITION TITLE | TRAINING DATE |
|------|----------------|---------------|
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| | | |

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 instrument certificate.)**

7. a) Will the participants be required to read and complete a Personal History Form? (If Personal History Form is different from the one in the state approved curriculum, please submit a copy of the form to be used.) Yes No

b) Will you administer the Behavioral Description I, Behavioral Description II, and What It Cost Me form in your program? Yes No

8. When and where will pre-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, individual 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 the course beginning? Will a separate course be offered for them? Explain how the required written materials will be completed.

12. Will you offer Spanish speaking courses? Yes No If yes, how often will you offer these courses?

13. Will the Class Roster currently available in the state-approved curriculum be used? Yes No
(If no, please submit copies of forms to be used.)

14. Does your classroom have sufficient number of tables or desks? Yes No

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

16. How many participants will your classroom accommodate? _____

17. What will be the maximum number of participants allowed in each course? _____

18. What will be the policy for allowing family members/friends to attend the program?

19. Will you administer student course evaluations? Yes No
20. a) Will your program conduct an exit interview on each participant? Yes No If yes, explain?

b) How will they 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 the Texas Department of State Health Services, 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
 - d. Average percent of knowledge increase from pre-test to post-test for all courses conducted during the reporting period?
Yes No
 - e. Percent of total participants indicating significant substance abuse problem as defined in the required screening procedure?
Yes No
 - f. Names of all instructors employed by the program and number of courses conducted during each year, respectively.
Yes No
 - g. 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
23. Indicate which required videos, supplemental videos and resource materials will be used in your program. (If supplemental films are used, you must receive prior approval from DSHS Offender Education.)
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24. Will the program purchase and utilize the required slides? Yes No
25. Will the required resource pamphlets be purchased and issued to each participant? Yes No
26. Will you provide participants with a list of local chemical dependency counseling and treatment resources? Yes No
27. a) Indicate what audio-visual equipment will be utilized. (Indicate screen size of television monitor or projection.)
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- b) Is all equipment in good working order? Yes No
28. Will the program issue a serially numbered DSHS-issued Certificate of Completion to those participants completing the program?
Yes No
29. Will the program maintain an ascending numerical accounting record of all issued and unissued Certificates of Completion?
Yes No
30. Use Attachment 1 to provide a tentative schedule of courses to be offered. Include dates, times and location(s) of courses.

CONDITIONS

As a condition of the issuance of this Certificate of Approval to operate an approved DWI Education Program per the requirement of Article 42.12, Section 13(h), 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 (DSHS) Offender Education Program 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.
- F. To advise DSHS Offender Education within twenty (20) days 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 _____, 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.**