

**Texas Department of State Health Services
TEXAS ALCOHOL EDUCATION PROGRAM FOR MINORS
PROGRAM APPLICATION**

(please type)

This application must be completed by all certified Alcohol Education Program for Minors instructors seeking certification as a Texas Alcohol Education Program for Minors. Submit the application, required attachments, and the non-refundable fees 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 Alcohol Education Program for Minors 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 Alcohol Education Program for Minors:

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.)

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 Alcohol Education Program for Minors 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 be used in the class instruction and be presented in the prescribed manner and sequence?
 Yes No

2. a What methods will be used to generate referrals to your Alcohol Education Program for Minors?

b Who is eligible for admission to your program? (Include age range of participants)

3. Will all courses be conducted by the certified instructor(s) listed above? 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 Please explain how courses are divided. (i.e. two 3-hour sessions in one week or one 3-hour session each week, etc.)

c How often will you offer the program? (bimonthly, quarterly, etc.)

d What will be the disposition of those participants who fail to complete this course? Does your program allow make ups? Yes No Explain.

5. How, when and where will pre-registration be completed? What data will be completed?

6. Will your program collect course fees? Yes No (If yes, what is the fee and what methods will be used to collect the fees).

7. Explain how the program will inform the participant of the course dates, time and location of the class sessions.

8. a Will a screening instrument be utilized? Yes No If yes, which one?

b If yes, are all persons administering the screening instrument properly trained in the administration of the instrument?
Yes No If yes, explain how, when and by whom they were trained. **(Please submit a copy of the training certificate)**

9. What provisions are made to provide the program for those persons who are unable to read and/or speak English? Will a separate course be offered for them?

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

b If yes, have you purchased the required workbooks and transparencies in Spanish? Yes
No
(proof of this purchase *must* be attached to this application)

11. Will the Class Roster, Registration Form, Pre-Post Tests, Personal Alcohol Profile, Future Plans Form, Course and Participant Evaluation Forms currently available in the state-approved curriculum be used? Yes No (If no, please submit copies of forms to be used.)

12. How many participants will your classroom accommodate? _____

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

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

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

16. What will be the policy for allowing family members to attend the program?

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17. How will you document that the exit interview was conducted? _____
18. What will you do with the participant evaluation form? _____
19. Will you administer student course evaluations? Yes No
20. Will the required participant workbook be issued to all participants? Yes No
21. Will the program purchase and utilize the required slides? Yes No
22. Will you provide participants with a list of local chemical dependency counseling and treatment resources? 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. Indicate what audio-visual equipment will be utilized. (include size of television monitor or projection)
- _____
- _____
- _____
25. Use Attachment 1 to provide a tentative schedule of courses to be offered. Include dates, times and location(s) of courses.
26. Once approved, does the program agree to report the following information annually to DSHS Offender Education?
- a. Driver's license numbers of all participants, or, in the absence of a driver's license number, the birth date of each participant? Yes No
 - b. Total number of participants entering each course? Yes No
 - c. Total number of participants completing each course? Yes No
 - d. Total number of courses held annually? Yes No
 - e. Average percent of knowledge increase from pre-test to post-test for all courses conducted during the reporting period? Yes No
 - f. Names of all instructors employed by the program and number of courses each one conducted during the annual reporting period? Yes No
27. Will the program issue a serially numbered DSHS Offender Education issued Certificate of Completion to those participants completing the program? Yes No
28. Will the program maintain an ascending numerical accounting record of all issued and unissued certificates of completion? Yes
No
29. The program administrator has purchased all of the required videos, Certificates of Completion, slides, and class materials, and has attached proof of these purchases to this application, as required for processing.
Yes No

CONDITIONS

As a condition of the issuance of this Certificate of Approval to operate an approved Alcohol Awareness Program for Minors per the requirement set forth in Chapter 106, Section 106.115, Texas Alcoholic Beverage Code, 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.
- F. To advise DSHS Offender Education within thirty (30) 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 PER 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.**