



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## COURT-ORDERED INSTRUCTOR RENEWAL APPLICATION INSTRUCTIONS

**Complete this renewal application prior to your certification expiration date. The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted.**

1. ENDORSEMENTS – Select which endorsements you will be renewing. An endorsement is what you are approved to teach. You choose the endorsement for the program you will teach.
2. INSTRUCTOR NUMBER – Provide your current instructor certification number.
3. NAME – Provide your legal name in the space provided. (Last Name, First Name, Middle Name, Suffix) Examples of suffix include Jr., Sr., and III. (Mr. is not a suffix).
4. DATE OF BIRTH – Provide your date of birth.
5. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
6. EMAIL ADDRESS – Provide your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
7. PHONE NUMBER – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
8. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
9. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.
10. CONTINUING EDUCATION (IN-SERVICES) – Provide the date and hours of when you completed your continuing education.
11. STATEMENT OF APPLICANT – Carefully read the statement before signing and dating your application.

### CONTINUING EDUCATION REQUIREMENTS FOR RENEWING CERTIFICATION

#### DWI EDUCATION PROGRAM, DRUG OFFENDER EDUCATION PROGRAM, OR ALCOHOL EDUCATION PROGRAM FOR MINORS

- You must attend at least one (1) department-approved continuing education seminar during the instructor's certification period.

#### DWI INTERVENTION PROGRAM

- You must attend at least one (1) department sponsored DWI Intervention Instructor continuing education seminar during the instructor's certification period, and each subsequent Instructor certification period.

- If you are a licensed chemical dependency counselor, licensed professional counselor, licensed psychologist, licensed psychiatrist, or licensed social worker you may complete 20 hours of continuing education that is directly drug-related, (for DOEP endorsement only) or alcohol-related (for AEPM, DWII or DWIE endorsements only) in lieu of attending the department-sponsored continuing education seminar.
- Continuing education hours obtained in a department-sponsored Instructor continuing education seminar may be used to fulfill the continuing education requirement of another Offender Education certification, as long as the seminar occurs during the current certification period and as long as the instructor pays for each certification.

**The department employs an audit system for continuing education reporting. You will be responsible for maintaining a record of your continuing education experiences. The certificates, diplomas, or other documentation verifying earning of continuing education hours are not to be forwarded to the department at the time of renewal unless you have been selected for audit.**

**SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#) or Customer Service via [TDLR webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989.

**TDLR PUBLIC INFORMATION ACT POLICY:**

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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## COURT-ORDERED INSTRUCTOR RENEWAL APPLICATION

THIS COMPLETED FORM MUST BE ACCOMPANIED BY ALL REQUIRED DOCUMENTS.

**RENEWAL FEE: \$40.00 (ALL FEES ARE NON-REUNDABLE)**

Alcohol Education Program for Minors

Drug Offender Education Program

DWI Education Program

DWI Intervention Program

**2. Instructor Number:**

**3. Name:**

Last

First

Middle

Suffix

**4. Date of Birth:**

MM/DD/YYYY

**5. Social Security Number:**

See Instruction Sheet for Disclosure Information

**6. Email Address:**

**7. Phone Number:**

**8. Mailing Address:** (Used to receive mail from TDLR) (P.O. Box is allowed for this address)

Street Number, Name, Apt/Ste/Bld

City

State

Zip Code + 4

**9. Have you been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?**

Yes

No

If YES, complete and submit a [Criminal History Questionnaire \(PDF\)](#) for each offense.

[See Instructions sheets for more information](#)

## CONTINUING EDUCATION

**10. Continuing Education (In-Services):**

Date CE Completed

Hours Completed

## 11. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable laws and rules for the Court-Ordered Programs, including but not limited to: Occupations Code, Chapter 51; Government Code, Chapter 171; Alcoholic Beverage Code, §106.115; Transportation Code §§521.374-521.376; Code of Criminal Procedure, Chapter 42A, Articles 42A.403, 42A.404 and 42A.406; and the administrative rules under 16 Texas Administrative Code, Chapters 60 and 90. I understand that providing false information on this application may result in denial of this application for the licensure requested, or the imposition of administrative penalties and/or sanctions of current licenses and endorsements in this program.

Signature of Applicant

Date Signed