

TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

1005 Congress Avenue, Ste. 460

Austin, TX 78701

Telephone: (512) 708-0629 * Fax: (512) 476-7297 * Email: TCBAP@tcbap.org

APPLICATION FOR CONTINUING EDUCATION PROVIDER APPROVAL

Name of Education Provider *(Certificate will be issued in this name)*

Business Name

Mailing Address

City, State, Zip

Record Storage Address *(Physical Addresses Only)*

City, State, Zip

Telephone Number

Fax Number

Email

Company Website

Name of Continuing Education Coordinator, Credential(s)

Will this provider offer distance learning or independent study under this provider number? YES NO

I certify under penalty of perjury under the laws of the State of Texas that the foregoing is true and correct. I have read the TCBAP Continuing Education Guidelines and Standards. If approved as a provider, I agree to follow them when offering continuing education credit.

Continuing Education Coordinator Signature

Date

The annual fee for Continuing Education Providers is \$200.00

Payments may be made by check, money order, purchase order or credit card. Mail your payment to:
TCBAP, 1005 Congress Avenue, Ste. 460, Austin, TX 78701.

Amt Enclosed: _____ Payment Type: ___ Check ___ Money Order ___ Purchase Order ___ Credit Card

Credit Card Information: ___ AMEX ___ DISC ___ VISA ___ MC Account # _____ Exp. _____

Name on Card: _____ Signature: _____

I authorize TCBAP to charge my credit card. I understand that my credit card statement will show charges in the amount of \$200.00 from "TAAP".