

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES**  
**Professional Licensing and Certification Unit**  
**Licensed Chemical Dependency Counselor**  
**1100 West 49<sup>th</sup> Street**  
**Austin, Texas 78756**

**CLINICAL TRAINING INSTITUTION (CTI) REGISTRATION APPLICATION**

**ORGANIZATION INFORMATION**

Name of Organization (*dba if applicable*) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_) \_\_\_\_\_

Facility License Number \_\_\_\_\_ Exempt status \_\_\_\_\_

Number of QCC's on staff \_\_\_\_\_

Description of services provided where interns will be placed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CTI COORDINATOR INFORMATION**

**I ATTEST THAT ALL OF THE INFORMATION CONTAINED IN THIS REGISTRATION APPLICATION IS TRUE AND CORRECT AND I SHALL ABIDE BY ALL DEPARTMENT OF STATE HEALTH SERVICES RULES**

Name of CTI Coordinator (print) \_\_\_\_\_

License Type and Number \_\_\_\_\_ Title \_\_\_\_\_

Signature of CTI Coordinator \_\_\_\_\_ Date \_\_\_\_\_

**You must attach the following information in order to obtain approval. Application approval applies to all sites that offer chemical dependency counseling services (as defined in Chapter 450.123) to predominantly substance abusing populations.**

Admission criteria that includes proof of registration with the Commission and a signed ethical agreement consistent with the Chapter 450.121 – Refer to Chapter 450.124 (b)

Written outline of reading assignments and training activities based on Knowledge, Skills, & Attitudes (KSA)