

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

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

ORGANIZATION INFORMATION

Name of Organization (*dba if applicable*) _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Telephone number (____) _____ Fax number (____) _____

Facility License Number _____ Exempt status _____

CTI Number _____ 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)