

DARS DHHS will use the information provided in this form to obtain criminal conviction records.

Certificate Holder Information

Certificate holder:		Birth date:	Maiden name:		
BEI certification number:		Certification level:			
Address:	City:	State:	ZIP code:	County:	

Contact Information

Daytime phone number:	Email address:
Cell phone number (optional):	Video phone number:

Statistical Information

Gender (select one):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Auditory status (select one):	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Hearing
Ethnicity (select one):	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
Race (select all that apply):	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	

Fee and Submittal Instructions

1. Enclose a check or money order payable to DARS DHHS for \$100 (for the fee).
2. Attach copies of workshop certificates of attendance, RID CMP, or official college transcripts.
3. Mail this form, documentation, and fee to

DARS DHHS
PO Box 12306
Austin, Texas 78711

Certification

I certify that all information submitted on this application is true and correct.

X	
Certificate holder's signature:	Date (mm/dd/yy):

Office for Deaf and Hard of Hearing Services
4900 North Lamar, Suite 2169, Austin, Texas 78751
PO Box 12306, Austin, Texas 78711
(512) 407-3250 Voice or (512) 407-3251 TTY
www.dars.state.tx.us/dhhs