

TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

401 Ranch Road 620 South, Ste. 310

Austin, TX 78734

Telephone: (512) 708-0629 * Fax: (888) 506-8123 * Email: admin@tcbap.org

APPLICATION FOR CONTINUING EDUCATION PROVIDER RENEWAL

Provider Number

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.

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, 401 Ranch Road 620 South, Ste. 310, Austin, TX 78734.

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

Credit Card Information: ___AMEX___DISC___VISA___MC Account # _____ Exp. _____ CVV _____

Name on Card: _____ **Signature:** _____ /

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".