

TEXAS CERTIFICATION BOARD

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

***If you are offering distance learning you must also fill out the Distance Learning Notice Form, which can be found on our website.

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, 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 Card # _____ Exp. _____ CVV _____

Name on Card: _____ Signature: _____

Billing Zip: _____

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".