



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12057 • Austin, Texas 78711- 2157
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CONTINUING EDUCATION PROGRAM COURSE APPROVAL
(Please type or print legibly)

CE PROVIDER CONTACT INFORMATION

CE Provider Name:	
CE Provider License Number:	
Contact Person:	
Contact Mailing Address:	
Contact City/State/Zip:	
Contact Phone Number:	
Website Address:	
Contact Email Address:	

COURSE INFORMATION

Type of CE:	Manufacturer <input type="checkbox"/>	Non-Manufacturer <input type="checkbox"/>
Course Date:		
Course Online (yes or no):		

COURSE LOCATON(S)

Address	City	State & Zip

COURSE TITLE

**NUMBER OF
HOURS
REQUESTED**

Please submit course description(s), learning objectives, time agenda and bio of each instructor(s)

*Additional pages may be attached if needed.
