TEXAS COMMISSION ON LAW ENFORCEMENT
6330 E. Highway 290, Suite. 200
Austin, Texas 78723 - 1035
Phone: (512) 936-7700
http://www.tcole.texas.gov

TELECOMMUNICATOR MENTAL HEALTH PROFICIENCY CERTIFICATE APPLICATION

Commission Rule(s) §221.1 & §221.12

Non- refundable $35 fee must be included.

Money order, agency or cashier' s check. (5104)

APPLICANT INFORMATION

1. TCOLE PID	2. Last Name	3. First Name	4. M. I.	5. Suffix (Jr., etc.)

6. Date of Birth	7. Home or Permanent Mailing Address	8. City	9. State	10. Zip Code

11. Phone Number (include area code)	12. E-mail

13. Date of Course 5902 Completion:	14. Training Provider:

CURRENT DEPARTMENT INFORM ATION

17. TCOLE Agency Number	18. Appointing Agency	19. Agency Mailing Address

20. City	21. County	22. Zip Code	23. Phone Number

Successful completion of the Telecommunicator Mental Health training course 5902 and passing score on an examination for this proficiency course; ALSO,

§221.12 To qualify for a mental health telecommunicator proficiency certificate, an applicant must meet the following requirements:

(1) be currently appointed as a telecommunicator;
(2) have at least two years of experience as a telecommunicator;
(3) have never had a license or certificate issued by the commission suspended or revoked;
(4) have met the continuing education requirements for the previous training unit; and
(5) successfully complete at least 16 hours of commission-approved instruction covering crisis triage, de-escalation, referral protocols and coordination with 988, telecommunicator wellness, and documentation practices.

I, the applicant, attest that I meet the requirements for issuance of the Mental Health Proficiency Certificate §221.12, including Proficiency Certificate Requirements 221.1(b), and have included the non- refundable $35 fee.

I, the applicant, am fully aware that this application is a government document and, under penalties of perjury, I declare the foregoing information to be true and correct.

_____INITIAL APPLICATION

_____ _____ _____DUPLICATE CERTIFICATE
Signature of Applicant Date