

Texas Department of Criminal Justice  
REHABILITATION PROGRAMS DIVISION  
Staff Development & Training Department

**ONLINE DISTANCE TRAINING REGISTRATION FORM**  
(PLEASE PRINT LEGIBLY)

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
License Type & Number: \_\_\_\_\_  
Registered CI: (active date) \_\_\_\_\_  
Agency/Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Identify the Course(s) you have attached to this form:

- Course RPD1013: UNDERSTANDING ADDICTION  
 Course RPD1014: ANGER MANAGEMENT  
 Course RPD1015: SELF-HELP, MUTUAL-HELP & RECOVERY GROUPS  
 Course RPD1016: INTRODUCTION TO RELAPSE  
 Course RPD1017: HIV/AIDS  
 Course RPD1018: SEXUALLY TRANSMITTED DISEASES  
 Course RPD1019: TRANS-DISCIPLINARY ETHICAL PRINCIPLES & RESPONSIBILITIES  
 Course RPD1020: NON-VIOLENT CRISIS INTERVENTION

**Mail this form and your completed test(s) to:**

TDCJ - RPD  
Sonya McCray  
Two Financial Plaza, Ste. 370  
Huntsville, TX 77340  
Phone: (936) 437-2830  
[sonya.mccray@tdcj.texas.gov](mailto:sonya.mccray@tdcj.texas.gov)

**FOR OFFICE USE ONLY**

License Verified _____ DATE	Test Graded _____ DATE
Test Verified in Database _____ DATE	Certificate: _____ DATE
<input type="checkbox"/> Eligible	<input type="checkbox"/> Issued
<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Denied
In-Eligible Letter Sent _____ DATE	Entered into Mainframe _____ DATE
	REASON