



Texas Workforce Commission  
 Vocational Rehabilitation Services  
**Proprietary School Training Information**

**Provider Information**

Legal name:	DBA name:
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**Location**

Street address:		
City:	State:	ZIP code:
Telephone number: (    )	FAX number: (    )	Tax identification number (9 digits):

**Billing Address (if different)**

Street address:		
City:	State:	ZIP code:
Telephone number: (    )	FAX number: (    )	

**School Ownership Information**

Enter X to select one of the following and complete the requested information:

Sole proprietor	Owner's name:	Owner's SSN:
Partnership	First partner's name:	First partner's SSN or EIN:
	Second partner's name:	Second partner's SSN or EIN:
Limited partnership	File number:	
Texas corporation	Charter number:	
Professional association	Charter number:	
Professional corporation	Charter number:	
Out-of-state corporation		
Government		
Financial institution		
State agency or university		

**Historically Underutilized Business (HUB)**

Are you HUB-certified with the Texas Comptroller of Public Accounts (CPA)?	Yes	No
Are you interested in becoming HUB-certified?	Yes	No

### School and Course Identification

Complete this page for each approved course.

School name:

Tax ID number:

Course title:

Course number:

Prerequisite for admission:

### Provider Catalog Course Information

Provide a copy of your current catalog to the TWC-VR address below.

Total required hours needed to complete the course:

Daily course hours are from:

to

Number of days per week:

Does your school require advance payment of tuition?

Yes

No

If "no," explain tuition payment options:

Financial aid programs available through the school (for example, PELL Grant, Veterans Program, Scholarship):

Job placement percentage rate for this course: %

### Course Fees

Tuition	\$
Registration	\$
Supplies/Tools	\$
Books	\$
* Other Fees	\$
<b>Total</b>	\$

### \* Itemize Other Fees


### Certification of Approved Courses

You must provide a copy of the certificate of approval from the regulating state agency, federal board, or other regulating entities given that responsibility. An approved course list, if applicable, must also accompany this certificate before TWC-VR can enter your school information into the provider system.

### Billing Agreement

I understand that the Vocational Rehabilitation Services is to be billed, and will pay for services in accordance with my usual billing procedures.

Signature of director:

Date:

**X**

### Mail or Fax This Form To:

TWC VR Program Operations – Data Maintenance  
101 E 15th St  
Rm 506T  
Austin, TX 78778-0001  
(512) 936-3768 (fax)