

Continuing Professional Education (CPE) Provider Information Update

Use this form to submit any changes to the CPE provider information on file with TEA.

CPE Provider Name			
Assigned CPE Provider Number			
Primary Contact			
Street Address or P.O. Box			
City		State	Zip
Phone Number and Extension			
E-mail Address			
Website Address			

Signature of Applicant or Authorized Representative <i>(typed signatures are acceptable):</i>	Date

TEA only accepts electronic submissions. Your typed signature & date will suffice for the signature.

Email completed form to: cpe@tea.texas.gov