Texas Youth Tobacco Awareness Program

Texas Department of State Health Services
Division for Regulatory Services
Offender Education Programs
PO Box 149347, MC 1982
Austin, TX 78714-9347
1-800-832-9623, x2900
www.dshs.state.tx.us/offendered
tytap@dshs.state.tx.us

The Texas Youth Tobacco Awareness Program (TYTAP) is responsible for ensuring that Texas youth are able to complete a tobacco awareness course as mandated by the 75th Texas Legislature through the Texas Health & Safety Code, Sec.161.253. TYTAP uses the Texas Adolescent Tobacco Use and Cessation curriculum. The ongoing growth of this program and long-term evaluation is the result of collaboration between the Texas Department of State Health Services (DSHS) and Texas A&M School of Rural Public Health.

The TYTAP instructor Initial Certification Workshop is offered three times yearly in the Austin area for those wanting to become certified to offer the Texas Youth Tobacco Awareness course. Current cost of the certification workshop is $250 per person. This document includes an application form as well as a description of the requirements for becoming a TYTAP instructor. Payment for certification workshops is made *after* being accepted into a workshop – do **not** send money with your application. All applicants are required to submit a Texas Department of Public Safety criminal background check, which is obtained by the applicant at his or her own expense.

Workshop selection criteria:

- Non-tobacco user or tobacco-free for a minimum of two years prior to application,
- Professional experience, training, education and/or licensure in the fields of education, counseling, health education, psychology, social work, criminal or juvenile justice,
- Training and experience in adolescent education or counseling,
- Demonstrated verbal communication skills by having done group presentations, lectures, etc.,
- If credentials, such as LSW, LPC, or LCDC are part of the applicant's resume, proof of current licensure is required to obtain and maintain certification.

For the TYTAP instructor certification workshops, application packets MUST include:

- Signed application form,
- Current resume or vitae,
- Signed and notarized affidavit,
- Copies of certificates, licenses including proof of current status, college transcripts and verification of other items listed on the application,
- ORIGINAL documents confirming the Texas Department of Public Safety (DPS) criminal background check obtained by the applicant at his/her own expense. The background check can be obtained at: https://records.txdps.state.tx.us/dps_web/Portal/index.aspx and requires a credit card for payment.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. If a question is not applicable to you indicate by entering N/A. Do not leave blanks on the application. All correspondence will be sent to the address indicated as "Home mailing address" at the top of the application. **Certification as an instructor for another DSHS Offender Education program does not guarantee acceptance into this certification program.**

If approved for the instructor certification workshop, you will be notified of the exact time and location of the workshop and how to submit the registration fee. Currently the cost is $250 per person. If payment is not received by the indicated deadline, you will not be allowed to take the training workshop. No payments will be accepted at the training sites. ***All payments must be received at least five (5) business days prior to the first day of the workshop, or by the deadline indicated in the acceptance packet you will receive.*** Participants are responsible for all fees, travel costs, meals and other expenses. **We strongly suggest not making non-refundable travel arrangements in case the workshop or inservice is cancelled due to low enrollment.** Those who successfully complete the Initial Certification Workshop and are approved by DSHS will receive a certification to conduct TYTAP classes and will have the contact information they provide in the application listed on the DSHS, Worth It?, and Texas Tobacco Law websites.

Workshops will begin at 9am on the first day, 8am on the second and third days, and will conclude by 5pm on the last day. ***Participants must be on time and attend all sessions in their entirety.*** Failure to do so will result in denial of certification. Additionally, a passing grade must be achieved on the exam at the end of the certification workshop in order for certification to be granted.

After you receive your initial certification you will be REQUIRED to attend a one-day Continuing Education Inservice conducted by DSHS and the Texas A&M School of Rural Public Health during each two-year certification period. These inservices will be at an additional cost (currently $125 per person) to the instructor. Failure to attend an inservice during each two-year certification period will result in failure to renew your certification. **It is the responsibility of the instructor to assure compliance with the inservice requirement.**

Questions regarding your application or certification should be directed to Texas Department of State Health Services at:

Offender Education Group
Division for Regulatory Services
Texas Department of State Health Services
Phone: 1-800-832-9623, x2900
Email: tytap@dshs.state.tx.us

REMINDER

Do NOT include payment with the application, or the processing of your application will be delayed.

Texas Department of State Health Services

Texas Youth Tobacco Awareness Program

Instructor Certification Workshop Training Application – Fiscal Year 2015

---PLEASE DO NOT SEND MONEY WITH THIS APPLICATION---

Applicant Information

All information is required ■ Do not leave questions blank, use N/A if not applicable
Please Print Clearly or Type

Mr. Ms. (please circle) Name:		
Home Mailing Address:		
City:	ZIP:	County:
Home Phone: ( )	Work Phone: ( )	
Fax: ( )	Social Security Number:	
Cell Phone: ( )	Drivers License Number:	
Email address:	Date of Birth:	
Name of Agency under which TYTAP will be taught (if applicable):		

Current Employment Information

Current Employer (Agency/Organization):
Title:
Position Description:

Licenses (Check all that apply)

Counselor Intern (LCDC or LPC)-circle	☐Yes ☐No	Licensed Psychiatrist/Physician	☐Yes ☐No
Licensed Chemical Dependency Counselor	☐Yes ☐No	Probation or Parole Officer	☐ Yes☐No
Licensed Social Worker	☐Yes ☐No	Adult or Child Protective Services Worker	☐Yes ☐No
Licensed Professional Counselor	☐Yes ☐No	Licensed Vocational Nurse	☐Yes ☐No
Licensed Psychologist	☐Yes ☐No	Registered Nurse	☐Yes ☐No
Certified Teacher	☐Yes ☐No		

Certifications (Check all that apply)

DSHS – DWI Education (DWIE) Instructor	☐ Yes	☐ No
DSHS - Drug Offender Education Program (DOEP) Instructor	☐ Yes	☐ No
DSHS - DWI Intervention (DWII) Instructor	☐ Yes	☐ No
DSHS – Alcohol Education Program for Minors (AEPM) Instructor	☐ Yes	☐ No
Other Certifications/Licenses—please list:		

Case Management/Clinical Counseling/Teaching Experience

Specify Type of Clinical Counseling or Case Management Experience	Number of Years	Specify Type of Teaching Experience	Number of Years

Educational Background

Name of College/University	Type Degree Awarded	Major	Minor	Dates Attended

Describe, in detail, your case management/clinical counseling/educational experience relating to tobacco, substance abuse or mental health: **(Include agency names & dates)**

List all physical locations where courses will be held – must be an appropriate classroom facility and shall not be at a personal residence. Courses may only be conducted at locations approved in advance by DSHS. (if additional space is needed, please attach additional pages)

This information for locations will be published on the websites for offenders to contact you for a class.

Physical Address	City	Zip	County	Phone
				( )
				( )
				( )
				( )

Indicate at which address your course records will be kept: _____

All correspondence will be sent to the address indicated as "home mailing address" at the top of the application.

Please check the preferred 3-day certification workshop date:

☐ Austin October 22-24, 2014

☐ Austin January 28-30, 2015

☐ Austin June 10-12, 2015

I certify that all information contained in this application and attachments is true and correct.

Signature of Applicant: _____ Date: _____

Return the completed application, current resume, proof of credentials (diplomas/transcripts, licenses, certifications, etc), DPS background check, and signed and notarized affidavit to:

Texas Department of State Health Services
PLCU - Offender Education
PO Box 149347, Mail Code 1982
Austin, TX 78714-9347

Incomplete applications or applications without appropriate attachments will not be processed.

---- DO NOT SEND MONEY WITH THIS APPLICATION ----

For office use only *Reviewed by:* *Date:*
Approved: ☐ *Yes* ☐ *No* *If not, why?*

Rev 9-9-2014

AFFIDAVIT

I, _____, acknowledge the following:

- I do not use tobacco and have not used tobacco for a minimum of two years prior to the date of this application,
- I am willing to participate in drug screening if requested,
- I will participate in the program evaluation sampling process and return student workbooks and other course materials to Texas A&M if requested,
- I agree to abide by the Texas Youth Tobacco Awareness Program (TYTAP) protocols as outlined by the Texas Department of State Health Services and as written in the TYTAP instructor manual,
- I understand that violating the TYTAP protocols may result in the suspension or revocation of my certification to conduct courses,
- I understand certification as a TYTAP instructor requires a Texas Department of Public Safety criminal background check and I am willing to provide the results with my instructor application,
- I read and understand the conditions listed in the instructor application and agree to abide by them should I be accepted.

KNOWINGLY MAKING A FALSE STATEMENT WILL RESULT IN THE DENIAL OR REVOCATION OF YOUR CERTIFICATION.

Applicant Name (please print):_____

Signature _____

SUBSCRIBED AND SWORN TO before me, this_____ day of_____, 20____

_____
Notary Public in and for the State of Texas.

My commission expires:_____