

**Texas Department of State Health Services
Texas Youth Tobacco Awareness Program
Instructor Inservice**

*Dallas, Texas
June 19, 2014*

Texas Department of State Health Services would like to invite all instructors for the Texas Youth Tobacco Awareness Program to the Inservice on June 19, 2014 at:

**Baylor College of Dentistry
3302 Gaston Avenue, Room 731
Dallas, TX 75246
214-828-8100**

Please remember that ALL instructors must attend a DSHS Inservice within each 2 year certification period. This inservice does provide courtesy CEUs that may be used toward your other professional licenses.

This inservice will begin **promptly** on Thursday June 19 at 9:00am and will conclude by 5:00pm. In order to obtain credit for this inservice and the certificate of completion, all participants are required to be on time and complete all applicable sessions *in their entirety*--**participants arriving late will not be credited with the inservice.** Meals and snacks will be the attendees' responsibility, as no food or drink can be provided by the agency, but you are also welcome to bring your own snacks and drinks. Please provide your email address on the registration form, as we will only confirm or send additional information via email. We also encourage you to bring a jacket to the inservice, as temperatures in the room may be cool and not easily controlled, as well as business cards for networking with other instructors.

Enrollment is limited and admittance will be based on a first-come-first-serve basis – when room capacity is reached, registration will be closed. The cost of the training is **\$125.00 and all fees are non-refundable/non-transferable.** **A \$50 late fee may be applied to payments received after the deadline of June 12, 2014. DO NOT SUBMIT PAYMENT TO DEPARTMENT OF STATE HEALTH SERVICES—please follow the instructions below.** If a minimum number of registrations are not received, the inservice may be canceled; we recommend not making non-refundable travel arrangements or reservations.

Please complete the Registration Form and submit it to DSHS no later than June 12, 2014. You must also include ORIGINAL documents confirming the Texas Department of Public Safety (DPS) criminal background check obtained by the instructor at his/her own expense as well as the signed and notarized affidavit included in this packet. 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.

Nonrefundable/non-transferable payments are to be submitted to Texas A&M University along with the attached invoice, no later than June 12, 2014. Once your payment and registration form have been received by the appropriate agencies, you are considered registered. Absolutely no registrations or payments will be accepted after 5pm on Monday June 16, 2014. If you have questions concerning the inservice, please contact Offender Education at 512-834-6628, x2131 or 512-834-4551.

Attendance Policy: Because of accrediting agency guidelines, **partial credit will not be given.** To receive a certificate of completion and credit for the inservice(s), *all sessions* must be attended in their *entirety*, and participants must be on time.

Texas Department of State Health Services ▲ TYTAP Inservice
June 19, 2014 ▲ Dallas, Texas

Inservice Site: Baylor College of Dentistry
3302 Gaston Avenue, Room 731
Dallas, TX 75246
214-828-8100

Directions: A map is located at: [Map to Baylor College of Dentistry](#) More information is located at <http://www.tamhsc.edu/campuses/dallas/index.html>

Lodging: Lodging arrangements will be the attendees' responsibility. A map of Texas government contract hotels is located at: [TX Government Contract Hotels](#) – they *may* honor the State of Texas rate if you show proof of attendance at this inservice. DSHS cannot make arrangements at hotels on your behalf, nor can we promise that you will receive a discounted rate.

Parking: Attendees should be able to park in the Baylor College of Dentistry parking garage, on the ROOFTOP level, free of charge. Further information, if forthcoming, will ONLY be sent by email.

Food: Breakfast and lunch will be on your own, as food or drinks cannot be provided. Feel free to bring your own snacks or drinks.

Daily Schedule: Thursday June 19, 2014 9:00 am - 5:00 pm

CHECKLIST

Return to DSHS:

- Registration form
- Signed/notarized affidavit
- DPS Criminal Background Check

Return to TAMU:

- Invoice
- Fee (including late fee, if applicable)

DSHS TYTAP Instructor Inservice Registration Form

Please complete ALL items and PRINT clearly –Return this form to DSHS by June 12, 2014

Name _____

Home Address _____

City _____ State _____ Zip _____

Home: _____ Work: _____

Fax: _____ Email: _____

Cell: _____ Birthday (required) mm/dd/yyyy: _____

TYTAP Inservice – June 19, 2014
Baylor College of Dentistry
3302 Gaston Avenue, Room 731
Dallas, TX 75246
214-828-8100

By my signature, I agree that I will attend the Texas Youth Tobacco Awareness Program instructor inservice as indicated above.

DPS Background Check enclosed Signed/notarized affidavit enclosed

Signature: _____

Mail completed registration form to: Texas Department of State Health Services
Offender Education
PO Box 149347, MC 1982
Austin, TX 78714-9347

Or FAX to: Offender Education (512) 834-4550
Or Email to: TYTAP@dshs.state.tx.us

>>> NO registrations will be accepted after 5pm on Monday June 16, 2014 <<<

If a minimum number of registrations are not received, the inservice may be canceled; we recommend not making non-refundable travel arrangements or reservations.

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: _____

Invoice – DSHS TYTAP Inservice
Payment Deadline: June 12, 2014

Name _____

Home Address _____

City _____ State _____ Zip _____

Home: _____ Work: _____

Fax: _____ Email: _____

Enclosed is my **non-refundable/non-transferable** inservice payment to: TAMU
Agency Voucher Money Order Agency Check
PO# _____

**** Cost is \$125 ****

A \$50 late fee will be assessed on payments received after June 12, 2014.

Absolutely NO payments will be accepted after 5pm on Monday June 16, 2014.

All payments/fees are non-refundable and non-transferable.

I will be attending the TYTAP inservice(s) on June 19, 2014 in Dallas. \$_____ Total

**PLEASE SEND INVOICE WITH
PAYMENT TO**



**YTAP Program
Texas A&M School of Rural Public Health
1266 TAMU
College Station, TX 77843
(979) 458-0084**

**** DO NOT SEND PAYMENT TO DEPARTMENT OF STATE HEALTH SERVICES ****

If a minimum number of registrations are not received, the inservice may be canceled; we recommend not making non-refundable travel arrangements or reservations.