

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

***San Antonio, Texas  
June 28, 2012***

Texas Department of State Health Services would like to invite all instructors for the Texas Youth Tobacco Awareness Program to the Inservice on June 28, 2012 at:

**Texas A&M University-San Antonio  
One University Way, Room 204  
San Antonio, TX 78224  
Main Campus #: 210-784-1000**

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 28 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. 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 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.** A **\$50 late fee may be applied to payments received after the deadline of June 14, 2012. DO NOT SUBMIT PAYMENT TO DEPARTMENT OF STATE HEALTH SERVICES—please follow the instructions below.**

**Please complete the Registration Form and submit it to DSHS no later than June 14, 2012.** 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](https://records.txdps.state.tx.us/dps_web/Portal/index.aspx) and requires a credit card for payment.

**Nonrefundable payments are to be submitted to Texas A&M University along with the attached invoice, no later than June 14, 2012.** 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 Thursday June 21, 2012. If you have questions concerning the inservice, please contact Offender Education at 800-832-9623, x2910.

***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 28, 2012 ▲ San Antonio, Texas**

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**Inservice Site:** Texas A&M University-San Antonio  
One University Way, Room 204  
San Antonio, TX 78224  
Main Campus #: 210-784-1000

**Directions:** A map is located at: [Map to Texas A&M - San Antonio](#)

**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.

**Parking:** Parking is free at Texas A&M – San Antonio.

**Food:** Breakfast and lunch will be on your own, as food or drinks cannot be provided. A list of restaurants near Texas A&M – San Antonio is located at: [Restaurants Nearby](#) Feel free to bring your own snacks or drinks.

**Daily Schedule:** Thursday June 28, 2012                      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 14, 2012

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Birthday (required) mm/dd/yyyy: \_\_\_\_\_

**TYTAP Inservice – June 28, 2012**  
Texas A&M University-San Antonio  
One University Way, Room 204  
San Antonio, TX 78224  
Main Campus #: 210-784-1000

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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

**>>> NO registrations will be accepted after 5pm on Thursday June 21, 2012 <<<**

# 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 14, 2012**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Enclosed is my **non-refundable** inservice payment to: TAMU

Agency Voucher  Money Order  Agency Check

PO# \_\_\_\_\_

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

A \$50 late fee will be assessed on payments received after June 14, 2012.

**Absolutely NO payments will be accepted after 5pm on Thursday June 21, 2012.**

All payments/fees are non-refundable.

I will be attending the TYTAP inservice(s) on June 28, 2012 in San Antonio. \$ \_\_\_\_\_ 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 \*\***