

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

*Round Rock, Texas  
October 18, 2012*

**\*\* THIS INSERVICE IS ONLY FOR INSTRUCTORS  
NOT TRAINED IN 2012 ON THE NEW  
CURRICULUM \*\***

Texas Department of State Health Services would like to invite all instructors for the Texas Youth Tobacco Awareness Program to the Inservice on October 18, 2012 at:

**Texas A&M Health Science Center  
3950 AW Grimes  
Round Rock, Texas 78664**

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, October 18 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.** **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 October 15, 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 October 15, 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 October 15, 2012. If you have questions concerning the inservice, please contact Offender Education at 512-834-6628 x2131 or x2129.

***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**  
**October 18, 2012 ▲ Round Rock, Texas**

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**Inservice Site:** Texas A&M Health Science Center  
3950 AW Grimes  
Round Rock, Texas 78664

**Directions:** A map is located at: [Map](#)  
The Health Science Center is located east of IH-35 between Highway 79 and Old Settlers Boulevard. Directions are also enclosed on the next page.

**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. Hotels in either Round Rock or Cedar Park would be the closest to the inservice site.

**Parking:** Parking is free

**Food:** Breakfast and lunch will be on your own, as food or drinks cannot be provided. A list of restaurants nearby is located at: [Restaurants](#), as there is no cafeteria in the building. Feel free to bring your own snacks or drinks.

**Daily Schedule:** Thursday October 18, 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)

**Texas A&M Health Science Center  
3950 AW Grimes Boulevard  
Round Rock, Texas 78664**

**\*\*It is highly suggested to do a “test run” to the facility prior to the beginning of class, as construction and traffic may impact your drive-time and ease of locating the facility\*\***

**Coming from South of Round Rock on I-35:**

Go north through Austin and Pflugerville.

Take exit 256, FM 1431

Go to the light at FM 1431 which is also called University Boulevard, east of I-35. There is an IKEA on your right.

Turn right onto University Boulevard.

Continue past the Texas State/ACC campus and the Seton Hospital facility. The light **after** Seton is AW Grimes.

Turn right onto AW Grimes. The TAMU Health Science Center is on your right opposite CR 112.

**Coming from North of Round Rock on I-35:**

Take the FM 1431 exit (it will be the exit *after* Westinghouse Road).

Follow the frontage road to the light. The IKEA will be on your left, across I-35.

Turn left at the light at 1431/University Boulevard.

Continue past the Texas State/ACC campus and the Seton Hospital facility. The light **after** Seton is AW Grimes.

Turn right onto AW Grimes. The TAMU Health Science Center is on your right opposite CR 112.

# DSHS TYTAP Instructor Inservice Registration Form

Please complete ALL items and PRINT clearly –Return this form to DSHS by October 15, 2012

Name \_\_\_\_\_

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

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

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

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

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

**TYTAP Inservice – October 18, 2012**  
**Texas A&M Health Science Center**  
**3950 AW Grimes**  
**Round Rock, Texas 78664**

\*\*\*\*\*  
\*\*\*\*

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 Monday October 15, 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: October 15, 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 \*\***

**Absolutely NO payments will be accepted after 5pm on Monday October 15, 2012.**

All payments/fees are non-refundable.

I will be attending the TYTAP inservice(s) on October 18, 2012 in Round Rock.

\$\_\_\_\_\_ 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 \*\***