



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES**

Professional Licensing & Certification Unit

Offender Education

P.O. Box 149347, MC 1982

Austin, TX 78714-9347

(800) 832-9623 x2900

[www.dshs.state.tx.us/offendered](http://www.dshs.state.tx.us/offendered)

MEMO

**TO:** Texas Youth Tobacco Awareness Program Instructors

**FROM:** Offender Education

**SUBJECT:** Recertification Form for TYTAP Instructors

**Due: Prior to your expiration date**

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Your current Texas Youth Tobacco Awareness Program (TYTAP) instructor's certification will expire soon. To renew your certification, you must have completed a DSHS-sponsored TYTAP inservice *during* your last instructor certification period. **You must send in the instructor recertification form, completed in its entirety, to be recertified.** The instructor recertification form *must* be submitted to the Department **no later than your expiration date**. There is no fee. If the completed recertification form is not received in the Offender Education office **prior to your expiration date**, your TYTAP instructor certification will be immediately expired and you will no longer be able to offer any TYTAP courses.

If an instructor fails to attend a required inservice during each certification period, the instructor will no longer be a certified TYTAP instructor and will have to attend the initial certification workshop again in order to resume teaching courses.

You may always locate your TYTAP instructor certification number and expiration date on the rosters at [http://www.dshs.state.tx.us/offendered/oe\\_rosters.shtm](http://www.dshs.state.tx.us/offendered/oe_rosters.shtm) or under "Find a License" on the left side of the screen.

If you have any questions, please contact us at (800) 832-9623 x2900 or via email at [offendered@dshs.state.tx.us](mailto:offendered@dshs.state.tx.us).

Enclosure



# INSTRUCTOR RECERTIFICATION FORM Texas Youth Tobacco Awareness Program Instructors

Return this form **prior to your expiration date** to receive a renewal instructor certificate.

**ALL BLANKS MUST BE COMPLETED**

Full Name: \_\_\_\_\_

TYTAP Certification Number: \_\_\_\_\_

Date of Birth (**REQUIRED**): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I am currently teaching courses at the following PHYSICAL locations (actual classroom sites):**

Street	City	Zip	County	Phone number

**Total number of TYTAP courses taught during your last certification period?** \_\_\_\_\_

**Date of DSHS In-Service:** \_\_\_\_\_

**Prior to your expiration date, return to:**

Texas Department of State Health Services  
Professional Licensing & Certification Unit/Offender Education  
PO Box 149347, MC 1982  
Austin, TX 78714-9347  
Email: [offendered@dshs.state.tx.us](mailto:offendered@dshs.state.tx.us) Or FAX to 512-834-6677