

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

**Corpus Christi, Texas  
March 28, 2013**

Texas Department of State Health Services would like to invite all instructors for the Texas Youth Tobacco Awareness Program to the Inservice on March 28, 2013 at:

**Education Service Center, Region 2  
209 North Water Street, Room # 3-17  
Corpus Christi, TX 78401  
361-561-8651  
<http://www.esc2.net/>**

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, March 28<sup>th</sup> 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, as there is no cafeteria in the building. 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 Monday March 25, 2013.** 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 Monday March 25, 2013.** 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 March 25, 2013. If you have questions concerning the inservice, please contact Offender Education at 512-834-6628, x2131.

***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**  
**March 28, 2013 ▲ Corpus Christi, Texas**

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**Inservice Site:** Education Service Center, Region 2  
209 North Water Street, Room # 311  
Corpus Christi, TX 78401  
361-561-8651  
<http://www.esc2.net/>

**Directions:** A map to The ESC Building is located at:  
[Map to ESC Building](#)

**Parking:** Parking is free at The ESC Building. A parking map is included in this registration packet.

**Lodging:** Lodging arrangements will be the attendees' responsibility. A map of Texas government contract hotels is located at  
[Texas Government Contract Hotels](#) .

**Food:** Breakfast, lunch, and any snacks/drinks will be on your own. Vending machines are available for snack purchases, as they cannot be provided per agency policy. A list of nearby restaurants may be found at [Restaurants near ESC Building](#)

**Daily Schedule:** Thursday March 28, 2013                      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)

# Parking Map



# DSHS TYTAP Instructor Inservice Registration Form

Please complete ALL items and PRINT clearly –Return this form to DSHS by March 25, 2013

Name \_\_\_\_\_

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

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

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

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

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

## TYTAP Inservice – March 28, 2013

Education Service Center, Region 2  
209 North Water Street, Room # 3-17  
Corpus Christi, TX 78401  
361-561-8651  
<http://www.esc2.net/>

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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 Monday March 25, 2013 <<<**

# 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: March 25, 2013**

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 March 25, 2013.**

All payments/fees are non-refundable.

I will be attending the TYTAP inservice(s) on March 28, 2013 in Corpus Christi. \$ \_\_\_\_\_ 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 \*\***