

Texas Youth Tobacco Awareness Program
Texas Department of State Health Services
Division for Regulatory Services
Offender Education Programs
PO Box 149347, MC 1982
Austin, TX 78714-9347
512-458-7111 x2642 or 1-800-832-9623, x2910
www.texastobaccolaw.org or www.worthit.org
www.dshs.state.tx.us/offendered

The Texas Youth Tobacco Awareness Program (TYTAP) is responsible for ensuring that Texas youth are able to complete a tobacco awareness course as mandated by the 75th Texas Legislature through the Texas Health & Safety Code, Sec.161.253. TYTAP uses the Texas Adolescent Tobacco Use and Cessation curriculum. The ongoing growth of this program and long-term evaluation is the result of collaboration between the Texas Department of State Health Services (DSHS), Texas A&M School of Rural Public Health and the University of Houston

The TYTAP instructor Initial Certification Workshop is offered several times each year in the Austin area for those wanting to become certified to offer the Texas Youth Tobacco Awareness course. This document includes an application form as well as a description of the requirements for becoming a TYTAP instructor. Payment for certification workshops is made *after* being accepted into a workshop – do not send money with your application. All applicants are required to submit a Texas Department of Public Safety criminal background check, which is obtained by the applicant at his or her own expense.

Workshop selection criteria:

- Non-tobacco user or tobacco-free for a minimum of two years prior to application,
- Professional experience and training in the fields of education, counseling, health education, psychology, social work, criminal or juvenile justice,
- Training and experience in adolescent education or counseling,
- Demonstrated verbal communication skills by having done group presentations, lectures, etc.,
- Identified geographical need for instructors in a particular area,
- If credentials, such as LSW, LPC, or LCDC are part of the applicant's resume, proof of current licensure is required to obtain and maintain certification.

Those meeting the criteria above are encouraged to submit an application packet.

For INITIAL CERTIFICATION, application packets must include:

- Signed application form,
- Current resume or vitae,
- Signed and notarized affidavit,
- Copies of certificates, licenses, including proof of current status, college transcripts and verification of other items listed on the application,
- ORIGINAL documents confirming the Texas Department of Public Safety (DPS) criminal background check obtained by the applicant at his/her own expense. 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.

For INSERVICE TRAINING application packets must include:

- Signed application form,
- Signed and notarized affidavit,
- DPS criminal background check.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. If a question is not applicable to you indicate by entering N/A. Do not leave blanks on the application.

You will be notified whether or not you are accepted into the program. If selected, you will be notified of the exact time and location of the workshop and how to submit the registration fee. If payment is not received you will not be allowed to take the training workshop or inservice. No payments will be accepted at the training sites. ***All payments must be received at least five (5) business days prior to the first day of the workshop or inservice.***

Participants or their sponsoring agencies are responsible for fees, travel costs, meals and other expenses. Those who successfully complete the Initial Certification Workshop and are approved by DSHS will receive a certification to conduct TYTAP classes and will have the contact information they provide in the application listed on the DSHS, Worth It?, and Texas Tobacco Law websites. DSHS reserves the right not to certify anyone it determines does not meet the standards for TYTAP instructors.

After you receive your initial certification you will be **REQUIRED** to attend a one-day Continuing Education Inservice conducted by DSHS, the University of Houston and the Texas A&M School of Rural Public Health during each two-year certification period. These inservices will be at an additional cost to the instructor. Failure to attend an inservice during each two-year certification period may result in failure to renew your certification. **It is the responsibility of the instructor to assure compliance with the inservice requirement. Dates and locations of scheduled sessions will be included within the application.**

Questions regarding your application or certification should be directed to the Department of State Health Services.

Certification as an instructor for another DSHS Offender Education program does not guarantee acceptance into this certification program.

Please address any questions to:

Texas Youth Tobacco Awareness Program Coordinator
Offender Education

Division for Regulatory Services

Texas Department of State Health Services

Phone: 512-458-7111, x2642 or 1-800-832-9623, x2910

Email: aj.mitchell@dshs.state.tx.us

Texas Youth Tobacco Awareness Program

Initial Certification Workshops and Inservices

September 1, 2010 – August 31, 2011

Initial Certification Workshops – 3 days, \$250

Austin	October 27-29, 2010
Austin	March 23-25, 2011
Austin	August 10-12, 2011

All workshops will be held in the Austin metro area. They will begin at 9:00 AM on the first day, 8:00 AM on the second and third days, and end by 5:00 PM on the last day. Applicants must be on time and attend all sessions in their entirety. Failure to do so will result in the denial of certification.

OR

Continuing Education Inservices – 1 day, \$125

San Antonio	December 2, 2010
Dallas	May 12, 2011
Houston	August 4, 2011

All inservices will begin at 9:00 AM and end by 5:00 PM. Attendees must be on time and attend the entire session. Failure to do so will result in denial at the time of recertification.

TEXAS YOUTH TOBACCO AWARENESS PROGRAM APPLICANT INFORMATION

Do not leave blanks. Use N/A if not applicable. Incomplete applications will be returned.

PLEASE PRINT OR TYPE LEGIBLY

**Please provide information below for the DSHS, Worth It?, and
Texas Tobacco Law websites:**

Name: _____
Last
First
MI

Agency name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Telephone (_____) _____ Fax: (_____) _____

Email: _____ County _____

Business Website: _____

List all physical locations where courses will be held – must be an appropriate classroom facility and shall not be at a personal residence. Courses may only be conducted at locations approved in advance by DSHS.

Physical Address	City	Zip	County	Phone

Our websites list TYTAP instructors by county. Please state in which counties you want your information listed. Counties must be adjacent to the county in which the agency is located.

Which one of the following best describes your agency?

- | | |
|--|--|
| <input type="checkbox"/> Independent/ individual (not associated with an agency) | |
| <input type="checkbox"/> CADA/CASA/COADA | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Public/private school | <input type="checkbox"/> Hospital/clinic |
| <input type="checkbox"/> Driver's school | <input type="checkbox"/> Offers Alcohol Education Program for Minors (AEPM) through DSHS |
| <input type="checkbox"/> College/ university | <input type="checkbox"/> Health department |
| <input type="checkbox"/> Youth services | <input type="checkbox"/> Community education |
| <input type="checkbox"/> Faith based | <input type="checkbox"/> Court |
| <input type="checkbox"/> Chemical dependency program/service | <input type="checkbox"/> Law enforcement/DARE/probation |

AFFIDAVIT

This affidavit must be signed, notarized, and included in the application packet.

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 TYTAP program protocols as outlined by the Texas Department of State Health Services and as written in the TYTAP instructor manual,
- I understand that violating the Texas Youth Tobacco Awareness Program 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.

Name : _____
Please print

Signature: _____

SUBSCRIBED AND SWORN TO before me, the _____ day of _____, 20__

Notary Public in and for the State of Texas

My commission expires: _____

Application Checklist

Initial Certification Workshop Packet:

- Signed application form,
- Signed and notarized affidavit,
- Copies of college transcripts, certifications, licenses and any other documentation to verify qualifications listed on the resume or vitae,
- Original documents confirming the Texas Department of Public Safety (DPS) criminal background check,
- DO NOT include payment. You will be advised of payment procedures once you have been accepted into the Initial Certification Workshop.

Current Instructor Continuing Education Inservice Packet:

- Signed application form,
- Signed and notarized affidavit,
- Original documents confirming the Texas Department of Public Safety (DPS) criminal background check,
- DO NOT include payment. You will be advised of payment procedures when you receive confirmation of your enrollment in the TYTAP inservice.

REMINDER

Do NOT include payment with either application, or the processing of your application will be delayed.