

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

***Lubbock, Texas
November 11, 2016***

Texas Department of State Health Services would like to invite all instructors for the Texas Youth Tobacco Awareness Program to the Inservice on Friday, November 11, 2016 at:

**Texas Tech University Health Sciences Center
3601 4th Street
Academic Classroom Building (ACB) 230 & ACB 110
Lubbock, TX 79430**

(We will be in ACB 230 during the morning session and ACB 110 during the afternoon session.)

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 Friday, November 11, 2016 at 8:00am and will conclude by, or before, 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, but 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 and non-transferable.** A \$50 late fee may be applied to payments received after the deadline of Friday, November 4, 2016. **DO NOT SUBMIT PAYMENT TO DEPARTMENT OF STATE HEALTH SERVICES—please follow the instructions below.** If a minimum number of registrations are not received, the inservice may be canceled; we recommend not making non-refundable travel arrangements or reservations.

Please complete the Registration Form and submit it to DSHS no later than Friday, November 4, 2016.

You must **also** include 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/DpsWebsite/> and requires a credit card for payment.

Nonrefundable and non-transferable payments are to be submitted to Texas A&M University along with the attached invoice, no later than Friday, November 4, 2016. 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 Tuesday, November 8, 2016. If you have questions concerning the inservice, please contact Offender Education at 512-834-6628, 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
November 11, 2016 ▲ Lubbock, Texas

Inservice Site: Texas Tech University Health Sciences Center
3601 4th Street
Academic Classroom Building (ACB) 230 & ACB 110
Lubbock, TX 79430
(We will be in ACB 230 during the morning session and ACB 110 during the afternoon session.)

Directions: A map is located at: [Map to facility](#)

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: Free parking is available in Visitor Parking. No permit is needed.
(See attached map for further information)

Food: Breakfast and lunch will be on your own, as food or drinks cannot be provided. A list of restaurants near the Texas Tech University Health Sciences Center is located at: [Restaurants near facility](#). Feel free to bring your own snacks or drinks, too.

Daily Schedule: Friday, November 11, 2016 8:00 am - 5:00 pm

CHECKLIST – DUE NOVEMBER 4, 2016

Return to DSHS:

- Registration form
- Signed/notarized affidavit
- DPS Criminal Background Check

Return to TAMU:

- Invoice
- Fee (including late fee, if applicable)



Texas Tech University Health Sciences Center- Lubbock

NOT TO SCALE

1. Health Sciences Center
2. University Medical Center (UMC)
3. UMC Emergency Room
4. Preston Smith Library
5. UMC Medical Office Plaza
6. Central Heating and Cooling Plant #2
7. Ronald McDonald House
8. Academic Classroom Building
9. Texas Tech Physicians Medical Pavilion
10. Messer/Racz International Pain Center (Under Construction)
11. UMC - Southwest Cancer Center
12. UMC - McInturff Conference Center and Outpatient Clinic

The Academic Classroom Building is marked by the red arrow. (Building # 8 on the map.)

Visitor Parking is located within the yellow highlighted box and marked with the blue arrow.

We recommend you park in lots D1 or D2 if possible as these are located directly in front of the Academic Classroom Building.

DSHS TYTAP Instructor Inservice Registration Form

Please complete ALL items and PRINT clearly –Return this form to DSHS by November 4, 2016

Name _____

Home Address _____

City _____ State _____ Zip _____

Home: _____ Work: _____

Fax: _____ Email: _____

Cell: _____ Birthday (required) mm/dd/yyyy: _____

TYTAP Inservice – November 11, 2016

Texas Tech University Health Sciences Center
3601 4th Street
Academic Classroom Building (ACB) 230 & ACB 110
Lubbock, TX 79430

(We will be in ACB 230 during the morning session and ACB 110 during the afternoon session.)

By my signature, I agree that I will attend the Texas Youth Tobacco Awareness Program instructor inservice in Lubbock as indicated above on November 11, 2016.

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
Or EMAIL to: tytap@dshs.state.tx.us

>>> NO registrations will be accepted after 5pm on Tuesday, November 8, 2016 <<<

If a minimum number of registrations are not received, the inservice may be canceled; we recommend not making non-refundable travel arrangements or reservations.

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: Friday, November 4, 2016

Name _____

Home Address _____

City _____ State _____ Zip _____

Home: _____ Work: _____

Fax: _____ Email: _____

Enclosed is my **non-refundable/non-transferable** inservice payment to: TAMU
Agency Voucher Money Order Agency Check
PO# _____

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

A \$50 late fee may be assessed on payments received after November 4, 2016.

Absolutely NO payments will be accepted after 5pm on Tuesday, November 8, 2016.

All payments/fees are non-refundable and non-transferable.

I will be attending the TYTAP inservice(s) on November 11, 2016 in Lubbock. \$_____ Total

**PLEASE SEND INVOICE WITH
PAYMENT TO**



**YTAP Program
Texas A&M School of Public Health
1266 TAMU
College Station, TX 77843
(979) 436-9344**

**** DO NOT SEND PAYMENT TO DEPARTMENT OF STATE HEALTH SERVICES ****

If a minimum number of registrations are not received, the inservice may be canceled; we recommend not making non-refundable travel arrangements or reservations.