

Application for Texas Youth Tobacco Awareness Program Instructor Certification

The Texas Youth Tobacco Awareness Program (TYTAP) ensures Texas youth are able to complete a tobacco awareness course as mandated by the 75th Texas Legislature through the Texas Health & Safety Code, Section 161.253. The ongoing growth of this program and long-term evaluation is the result of collaboration between the Texas Department of State Health Services (DSHS) and Texas A&M School of Public Health.

Each year, TYTAP Instructor Certification trainings for New TYTAP Instructors and continuing education credits for current TYTAP instructors are provided by Texas A&M School of Public Health. Payment for certification workshops is made to Texas A&M University School of Public Health after this application is approved. Approved applicants will be notified and provided workshop registration information.

All application packets must contain the following:

- Complete application
- Current resume or vitae
- Signed and notarized affidavit
- Copies of certificates, licenses (including current status), college transcripts and verification of other items listed on the application.
- Results of Texas Department of Public Safety (DPS) criminal background check. This
 will be obtained at the applicant's expense at www.dps.texas.gov and requires a credit
 card for payment.

E-mail the completed application and supporting documents to:

Email: Fax:

tobacco.free@dshs.texas.gov Do NOT fax application

Important Information

DSHS will send your notice of certification and any correspondence to the email listed on your application.

Keep a copy of all information and the completed application for certification for your records. By Texas law, an application for certification or licensure is public record.

To check a certification or licenses online, visit: https://vo.ras.dshs.state.tx.us/datamart/Login.do?header=true

Questions? Please send questions to tobacco.free@dshs.texas.gov.

Texas Youth Tobacco Awareness Program (TYTAP) Instructor Application

All fields are required; do not leave any fields blank. Use N/A if not applicable. Print clearly.

Please check which application are you submitting.

Continuing Education Initial TYTAP Instructor

I. Applicant Informatio	n					
Name:						
Home Mailing Address:						
City:	Zip Code:		County:			
Home Phone:		Date	of Birth:			
Mobile Phone:		Social Security	Number:			
Work Phone:		Fax Number:				
Organization:		Email Address:				
II. Education						
College/University	Degree	Major	Minor	Dates		

III. Licenses

(CHECK ALL THAT APPLY)

Counselor Intern (LCDC or LPC) Licensed Psychiatrist/Physician Licensed Chemical Dependency Counselor Probation or Parole Officer Protective Services Worker Licensed Social Worker Licensed Vocational Nurse Licensed Professional Counselor

Registered Nurse Licensed Psychologist

Certified Teacher Other (provide more information in space

below

IV. Certifications

DWI Education (DWIE) Instructor
Drug Offender Education Program (DOEP) Instructor

DWI Intervention (DWII) Instructor Alcohol Education Program for Minors (AEPM) Instructor

Other Certifications/Licenses—please list:

٧.	Counseling/	'Case	Management	/Teaching	Experience
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Description Experience Type Years

Describe, in detail, your case management/clinical counseling/educational experience relating to tobacco, substance abuse or mental health: (Include agency names & dates)

V. Current Employment

Current Employer (Agency/Organization):

Position Title:

Position Description:

VI. Affidavit

Please read the following statements carefully. Sign or type your name below to indicate your understanding and acceptance of these statements in the space provided.

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 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 have 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):			
Applicant Signature:			
SUBSCRIBED AND SWORN TO before	e me, this	day of	20
	Notary Public My commissio		State of Texas
	11, 0011111113310	педриез	

Additional Information: Course Locations

List all of the physical locations where TYTAP 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. These locations will be visible to and used by the public to find a local TYTAP course. (if additional space is needed, please attach additional pages).

Address	City	Zip	County	Phone
Location course records wil	l be kept:			
City:	Zip:		Phone:	
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Submit Application:

Send the completed application, current resume, proof of credentials (diplomas/transcripts, licenses, certifications, etc.), DPS background check, and signed and notarized affidavit to tobacco.free@dshs.texas.gov.

Incomplete applications or applications without appropriate attachments will not be processed.