

**Texas Youth Tobacco Awareness Program
(TYTAP)
Class Reporting Form**

Instructor's Name: _____

Instructor's Home County: _____

Certification Number: _____

Dates of Class: _____
(Specific dates, not a range of dates)

Number of Students enrolled in the class: _____

Number of Students who completed the class: _____

Return Form via:

Mail: Texas Youth Tobacco Awareness Program
Risk Assessment Group
Texas Department of State Health Services
1100 W. 49th Street
T-402
Austin, Texas 78756

OR

Fax: (512) 458-7240

OR

Email: tytap@dshs.state.tx.us

