Texas Youth Tobacco Awareness Program
Texas Department of State Health Services
Division for Regulatory Services
Offender Education Programs
1100 West 49th Street
Austin, TX 78756
512-458-7111 x2642 or 1-800-832-9623
www.worthit.org

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 facilitator training is offered throughout the state for those wanting to become certified to offer the Texas Youth Tobacco Awareness classes. An application form is attached as well as a description of the requirements for becoming a TYTAP instructor. Payment for training is made <u>after</u> being accepted into a training class. All applicants will be required to submit a Texas Department of Public Safety criminal background check, which is at the applicant's expense and must be obtained by the applicant.

Training 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 or LCDC, are part of the applicant's resume, <u>proof of current licensure</u> is required to obtain and maintain certification

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

For **INITIAL CERTIFICATION**, applicants' packets must include:

- Signed application form
- Current resume
- Signed affidavit of non-tobacco use
- Copies of certificates, licenses, college transcripts or other items listed on the application for verification purposes
- ORIGINAL documents confirming Texas Department of Public Safety (DPS) background check obtained by the applicant at his/her expense.

Applicants for the **IN-SERVICE TRAINING** need only complete the application form contained in this document. They do not have to attach the additional documentation required for initial certification unless specifically requested.

Incomplete application packets will not be considered.

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 training and how to submit the registration fee. If payment is not received, you will not be allowed to take the training class. No payments will be accepted at the training sites. *All payments must be submitted at least five* (5) days prior to the training class. Participants or their sponsoring agencies are responsible for fees, travel costs, meals and other expenses. Those who successfully complete the new instructor training and are approved by DSHS will receive a certificate to present to local judges to demonstrate certification to conduct TYTAP classes and will have their contact information listed on the *Worth It?* website. DSHS reserves the right not to certify anyone it determines does not meet the standards for TYTAP facilitators.

After you receive your initial certification, you will be REQUIRED to attend a one-day in-service (conducted by DSHS, University of Houston, and Texas A&M School of Rural Public Health) within your 2-year certification period. This in-service will be at an additional cost to the participant. Failure to attend an in-service within your 2-year certification period may result in failure to renew your certification.

After certification, questions regarding your certification should be directed to Department of State Health Services.

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

For other questions, please contact:

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

Email: aj.mitchell@dshs.state.tx.us or celeste.lunceford@dshs.state.tx.us

DO NOT send applications to Department of State Health Services, as they will not be considered for training. Please send all applications to the address at the bottom of the application form.

Texas Youth Tobacco Awareness ProgramApplication for Instructor Training and In-services

Initial certification training – 3 days (§	<u>\$225):</u>
\square DFW	January 23-25, 2008
☐ Corpus Christi	February 11-13, 2008
☐ Amarillo	March 26-28, 2008
Nacogdoches *all trainings will begin at 9 a.m. on the first day and must be on time and attend all sessions. Failure to do so will re	
OR	
In-service training – 1 day (\$100):	for currently certified instructors only)
☐ El Paso	December 13, 2007
☐ Houston	January 9, 2008
☐ Austin	April 11, 2008
San Antonio *all in services will begin at 10 a.m. and end at 3 p.m. sessions. Failure to do so will result in the denial of certification.	

Please provide contact information for all YTAP correspondence: Name: _____ First MI **Agency Information:** Agency Name (if applicable): Mailing Address: City: _____ State: ___ Zip Code: ____ Telephone: (_____) ____ Fax: (_____) ____ After the completion of training, which counties do you want associated with your contact information? (Counties listed should be adjacent or near the county in which the program is registered) Which of the following best describes your agency? Please check one. ☐ Independent/ individual (not associated with an agency) ☐ CADA/CASA/COADA ☐ Counseling ☐ Public/private school ☐ Hospital/clinic ☐ Driver's school ☐ Alcohol Education Program for Minors (AEPM) through DSHS ☐ College/ university ☐ Health department ☐ Community education ☐ Youth services

☐ Faith based

☐ Chemical dependency program/service

☐ Court

☐ Law enforcement/DARE/probation

Home information:

Name: Last	First	MI
Mailing Address:		
City:	State:	Zip Code:
Telephone: ()	Fax: ()	
Cell Phone: ()		
Email:		
At which address do you wis	h to receive corres	pondence?
☐ Business ☐ Home		

**DO NOT send the application packet to the Department of State Health Services. **

Send complete application packet to the YTAP office at:

YTAP Program
Texas A&M School of Rural Public Health
1266 TAMU
College Station, Texas 77843-1266

Notification of acceptance will be sent via email or regular mail. Maps and other information will be provided to those selected. Participants or sponsoring agency/organization must pay all fees, cost of DPS criminal background check, travel, meals, lodging, and any other expenses related to attending the training. To check the status of your application, email ytap@srph.tamhsc.edu or call the YTAP office at (979) 458-0084.

AFFIDAVIT

You must sign this affidavit, have it notarized and enclose it with your application packet.

I acknowledge the following:

- I do not use tobacco, and have not used tobacco for, at minimum, the past two years.
- I am willing to participate in drug screening if requested.
- I am willing to participate in the program evaluation sampling process and return student workbooks and other course materials if requested.
- I agree to abide by protocols as outlined by the Texas Department of State Health Services.
- I understand that violation of Texas Youth Tobacco Awareness Program protocols can result in the suspension or revocation of my certification to teach classes.
- I understand that certification a YTAP instructor entails a DPS Criminal Background Check, and I am willing to provide the results with my instructor class application
- I have read and agree to the conditions listed on the instructor application should I be accepted.

ame:
Please print
gnature
UBSCRIBED AND SWORN TO before me, this day of, 20
, <u>——</u> , <u>3 ——</u> ,
Notary Public in and for the State of Texas
My commission expires:

TO KNOWINGLY MAKE A FALSE STATEMENT WILL RESULT IN THE DENIAL OR REVOCATION OF YOUR CERTIFICATE.

Application Checklist

Training selection criteria:
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Professional experience and training in the fields of education, counseling, heal education, psychology, social work criminal or juvenile justice.
Training and experience in adolescent education or counseling.
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Identified geographical need for instructors in a particular area.
If credentials, such as LSW or LCDC, are part of the applicant's resume, proof current licensure is required to obtain and maintain certification.
The application packet must include:
Signed application form
Current resume
Signed affidavit of non-tobacco use
Copies of certificates, licenses, college transcripts or other items listed on the application for verification purposes
ORIGINAL documents confirming Texas Department of Public Safety (DPS) background check. DSHS may periodically ask you for a new background chew while you are certified.
Appropriate fee of \$225 for the new instructor training or \$100 for current instructor in-service.