

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, Sec.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:
tobacco.free@dshs.texas.gov

Fax:
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.

Initial TYTAP Instructor

Continuing Education

I. Applicant Information

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
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III. Licenses

(CHECK ALL THAT APPLY)

Counselor Intern (LCDC or LPC)

Licensed Psychiatrist/Physician

Licensed Chemical Dependency Counselor

Probation or Parole Officer

Licensed Social Worker

Protective Services Worker

Licensed Professional Counselor

Licensed Vocational Nurse

Licensed Psychologist

Registered Nurse

Certified Teacher

Other (provide more information in space below)

IV. Certifications

DWI Education (DWIE) Instructor

Drug Offender Education Program (DOEP) Instructor

Other Certifications/Licenses—please list:

DWI Intervention (DWII) Instructor

Alcohol Education Program for Minors (AEPM) Instructor

V. Counseling/Case Management/Teaching Experience

Description	Experience Type	Years
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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 me, this _____ day of _____ 20____

Notary Public in and for the State of Texas

My commission expires _____

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
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Location course records will be kept:

City:

Zip:

Phone:

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.