



**Amarillo College**  
 Criminal Justice  
 Intervention Programs  
An Equal Opportunity Community College

# Adolescent Tobacco Cessation Program

**Course Description:** This program is certified by the Texas Department of State Health Services. It is required by law for minors under age 18 found guilty of the purchase, possession or consumption of tobacco products in addition to a possible fine and community service. Minors who fail to attend a tobacco awareness class as required will lose their driver's license for 180 days. This 4-session, 8-hour course will teach the history of and current tobacco laws, the health consequences of tobacco use, the factors that influence behavior, as well as help offenders develop a renewed awareness of tobacco responsibilities and a plan to alter present tobacco use. A Certificate of Completion will be presented to the student to present to the referring court upon completion of the program.

## August 2010 – December 2010

**Cost:** The cost of this course is \$60. **Refunds or class transfers must be requested at least one day prior to the start of class.** After this period, students will be required to register and pay for another class.

**Registration:** Full registration instructions are located on the back of this form. For classes in Hereford, students should follow the same registration instructions in order to reserve their space in class. **Students are required to register and pay prior to the first class. It is recommended that students register as early as possible, because classes reach maximum enrollment quickly.**

**Enrollment Eligibility Notice:** Students with outstanding obligations to Amarillo College may not be allowed to enroll in or complete a continuing education course until the obligations are fulfilled. Students who have received a Criminal Trespass Warning from Amarillo College will not be allowed to enroll in courses held on any AC campus unless the warning has been lifted.

**Attendance: Students must be on time and attend all sessions in consecutive order. There will be no exceptions or make-up classes allowed.** Students are required to bring a translator with them if they have limited or no proficiency in the English language.

**Questions:** For questions regarding our programs, call (806) 356-3649 or (806) 356-3682 or e-mail [ecwallace@actx.edu](mailto:ecwallace@actx.edu). Se habla español. You may also visit us online at [www.actx.edu/intervention](http://www.actx.edu/intervention).

Any student, who because of a disabling condition may require some special arrangements in order to meet course requirements, should contact disAbility Services (SSC 119, Phone 371-5436) as soon as possible.

Course ID #	Days	Dates	Times	Location
094553	Mon/Wed Mon/Wed	August 2 & 4 August 9 & 11	6:00pm-8:00pm	AC West Campus, 6222 W. 9 <sup>th</sup> , Bldg. C, Room 110C
094556	Mon/Wed Mon/Wed	August 16 & 18 August 23 & 25	6:00pm-8:00pm	<b>Hereford Community Center, 100 Ave. C, Hereford</b>
095558	Tues/Thurs Tues/Thurs	Sept 7 & 9 Sept 14 & 16	6:00pm-8:00pm	AC West Campus, 6222 W. 9 <sup>th</sup> , Bldg. C, Room 113
095559	Tues/Thurs Tues/Thurs	October 5 & 7 October 12 & 14	6:00pm-8:00pm	AC West Campus, 6222 W. 9 <sup>th</sup> , Bldg. C, Room 113
095560	Mon/Wed Mon/Wed	Nov 1 & 3 Nov 8 & 10	6:00pm-8:00pm	<b>Hereford Community Center, 100 Ave. C, Hereford</b>
095561	Tues/Thurs Tues/Thurs	Nov 9 & 11 Nov 16 & 18	6:00pm-8:00pm	AC West Campus, 6222 W. 9 <sup>th</sup> , Bldg. C, Room 113
095596	Tues/Thurs Tues/Thurs	Dec 7 & 9 Dec 14 & 16	6:00pm-8:00pm	AC West Campus, 6222 W. 9 <sup>th</sup> , Bldg. C, Room 113

## Online Registration

**WebAdvisor** is an online student services delivery system. The system allows students to:

- Search & register for classes
- Change class schedule
- Pay tuition & fees
- Review grades

Go to [www.actx.edu](http://www.actx.edu), click on WebAdvisor, click on Continuing Education, click on Register and Pay for Continuing Education Classes. Select "Intervention Programs" under Topic Code and then click on Submit for a listing of classes.

**E-mail:** If you have questions related to a specific Continuing Education class, please send your questions to [ContEd@actx.edu](mailto:ContEd@actx.edu).

## Mail Registration

• Complete the registration form, enclose check or credit card information, and mail to:

AMARILLO COLLEGE  
REGISTRAR'S OFFICE  
PO BOX 447  
AMARILLO TX 79178

• No acknowledgement will be mailed.

## FAX Registration

• Complete the registration form, include credit/debit card information, and fax to: Intervention Programs, (806) 354-6074.

• No acknowledgement will be mailed.

## In-Person Registration

**Payment for courses is due at time of enrollment. A place in the class will not be reserved if payment has not been made in full.**

**EAST CAMPUS – Student Activity Center – J Avenue, Amarillo, TX**

9 a.m.-6 p.m., Monday through Thursday

8 a.m.-5 p.m., Friday

**HEREFORD CAMPUS, Hereford, Texas – Student Service Center, 241 Ave. H, Hereford, TX**

8 a.m.-7 p.m., Monday through Thursday

8 a.m.-5 p.m., Friday

**MOORE COUNTY CAMPUS, Dumas, Texas – Student Service Center, 1220 E. 1<sup>st</sup> St., Dumas, TX**

7:30 a.m.-10 p.m., Monday through Thursday

7:30 a.m.-4 p.m., Friday

**WASHINGTON STREET CAMPUS – Student Service Center, 2011 S. Washington, Amarillo, TX**

7 a.m.-7 p.m., Monday through Thursday

7 a.m.-5 p.m., Friday

**WEST CAMPUS – Lecture Hall, 6222 W. 9<sup>th</sup> Ave., Amarillo, TX**

8 a.m.-5 p.m., Monday through Friday

### **HOLIDAY/SUMMER HOURS**

Please call 371-5000

### **Registration Form – Adolescent Tobacco Cessation Program**

Course ID#: \_\_\_\_\_ Beginning Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Residency Status:  Texas Resident  Out-of-State  Foreign Country

Gender:  Male  Female Personal E-mail: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Ethnic Origin: (Voluntary Information – Will not affect enrollment)  White  American Indian  Alaskan Native  Black  
 Asian/Pacific  Islander  Hispanic  International

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS COMPLETE AND CORRECT.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Method of Payment:  Cash  Check  Money Order  Visa  Master Card  Discover  American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_