Amarillo College
Criminal Justice
Intervention Programs
An Equal Opportunity Community College

Cognitive Behavioral *Change* Program for *Home Study*

Course Description: This course utilizes a researched and evidence-based curriculum to improve behavior through cognitive restructuring and social skills development and is equivalent to a 16 hour classroom course. Emphasis is placed on empowering students to identify wrong thinking that so often leads to negative or criminal behavior and replace it with right thinking that results in positive behavior and outcomes. This program is centered on interpersonal problem solving. It will assist students to set goals and create positive attitudes and beliefs as well as to develop personal accountability and responsibility, control anger, provide substance abuse education and impulse control. It is appropriate as a "sanctions" course for those who violate their probation or parole but do not fit or may require something more intense than the standard programs for anger, theft, and money management, or it can be used as an "up-front" program to facilitate positive life changes from the beginning. It is also beneficial for those involved with the family and protective services system, the health and human services system, or anyone else needing or wanting to bring about fundamental change in their lives through an examination of their values, attitudes, beliefs and thinking patterns.

This workbook is available in both English and Spanish versions.

December 2015 – May 2016

Cost: The cost of this course is $95. There are *no refunds* once the *Home Study* workbook has been issued/mailed.

Registration: Registration must be handled directly through the Intervention Programs office using one of the methods listed below. Full registration conditions and registration form are located on the back of this form. **Students are required to register and pay prior to the *Home Study* workbook being issued or mailed.**

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.

Completion: **Students must complete and return the *Home Study* workbook within 30 days of receipt of payment, or they will be required to register and pay again.** A Certificate of Completion will then be mailed within two weeks.

Questions: For questions regarding our programs, call (806) 356-3649 or (806) 354-6083 or e-mail ecwallace@actx.edu. Se habla español. You may also visit us online at www.actx.edu/intervention.

Read the Registration Conditions and complete the Registration Form on the back of this form, and then use one of the following accepted registration methods:

Mail Registration

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

AMARILLO COLLEGE
INTERVENTION PROGRAMS
PO BOX 447
AMARILLO TX 79178

FAX Registration

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

In-Person Registration

• Complete the registration form and come to our office and provide payment in full at the address listed below:

WEST CAMPUS – 6222 W. 9th Ave., Building C, Room 121, Amarillo, TX
8 a.m.-5 p.m., Monday through Friday

HOLIDAY/SUMMER HOURS
Please call 371-5000

Cognitive Behavioral *Change* Program for *Home Study* –
Registration Conditions and Registration Form

You must meet the conditions outlined below in order to register for this course.

At a minimum, to take the Cognitive Behavioral *Change* Program for *Home Study* instead of attending the in-person group course, you must satisfy **one** of the first four conditions **plus** conditions #5 and #6.

SATISFY ONE:

1- You **are not** court-ordered to complete the *Change* Program or equivalent course; however, you want to take a course for your own benefit and of your own free will.

2- You **are** court-ordered or otherwise required to complete the *Change* Program for *Home Study* version, **and** you have provided us with written verification.

3- You **are** court-ordered or otherwise required to take the *Change* Program or equivalent course, **and** you live more than 45 miles from Amarillo, **and** you have received and provided us with written permission to take the *Home Study* version.

4- You **are** court-ordered or otherwise required to take the *Change* Program or equivalent course, **but** you do not live more than 45 miles from Amarillo, **and** due to some other circumstance (health, work schedule, transportation, etc.) you have received and provided us with written permission to take the *Home Study* version.

PLUS:

5- You have or will **obtain a "coach"** to assist you in completing your workbook. The "coach" can be a family member, friend, co-worker, or any other individual age 18 years or older who will commit the necessary time and with whom you feel comfortable sharing your thoughts and feelings.

6- You agree to **complete and return the workbook** to Amarillo College Intervention Programs by mail or in person **within 30 days** of payment and registration.

Registration Form – Cognitive Behavioral *Change* Program for *Home Study*

Self-verification (for all conditions):

I, _____, certify that I meet condition (circle one) 1, 2, 3, or 4 plus conditions 5 and 6 listed above and therefore qualify to take Cognitive Behavioral *Change* Program for *Home Study*.

Signature: _____ Date: _____

Court-ordered/required verification (for conditions 2 - 4):

I, _____, certify that _____ meets condition (circle one) 2, 3, or 4 listed above and therefore has my permission to take Cognitive Behavioral *Change* Program for *Home Study* in place of the in-person group course.

Signature: _____ Title: _____ Date: _____

Please indicate your workbook language: ____English *or* ____Spanish

Course ID# (for Office Use only): _____ **Date Mailed/Registered:**_____
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 ___ MasterCard ___ Discover ___ American Express

Credit/Debit Card #: _____ **Expiration Date:** _____

Authorized Signature: _____