

# Shoplifting/Other Theft Program for *Home Study*

**Course Description:** This researched and evidence-based program is equivalent to our 6-hour classroom course and is most often required for persons who have been convicted of and/or placed on probation for Shoplifting or for some other Theft offense. It is designed to help offenders increase their knowledge of shoplifting and other forms of theft and how these offenses affect everyone, to identify the motives and triggers for committing these offenses, to learn how our behaviors are influenced by values and attitudes, to learn the consequences of their behavior, to obtain remediation skills to stop the temptation to shoplift or steal, and to recognize that shoplifting and theft are not “victimless” crimes.

The classroom course is usually the best option for learning this material and is recommended. However, there are circumstances (location/distance, health, work schedule, transportation, etc.) when the *Home Study* version is appropriate. To take the Shoplifting/Other Theft Program for *Home Study* course, you must meet the conditions outlined on the reverse of this form.

## December 2024 – May 2025

**Cost:** The cost of this course is \$65. 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) 457-4452 or (806) 457-4468 or e-mail [rrdominguez@actx.edu](mailto:rrdominguez@actx.edu). Se habla español. You may also visit us online at [www.actx.edu/intervention](http://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) 322-9866.

### In-Person Registration

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

**FIRST RESPONDERS ACADEMY – 3891 Plains Blvd., Room 1007, Amarillo, TX**  
8 a.m.- 5 p.m., Monday through Friday

**HOLIDAY/SUMMER HOURS**  
Please call 371-5000

# Shoplifting/Other Theft 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 Shoplifting/Other Theft Program for *Home Study* instead of attending the classroom 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 a Shoplifting/Other Theft 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 a Shoplifting/Other Theft Program for *Home Study* version, **and** you have provided us with written verification.
- 3- You **are** court-ordered or otherwise required to take a Shoplifting/Theft 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 a Shoplifting/Theft 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 – Shoplifting/Other Theft 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 the Shoplifting/Other Theft 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 the Shoplifting/Other Theft Program for *Home Study* in place of the classroom course.

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

Course ID# (for Office Use): \_\_\_\_\_ 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 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: \_\_\_\_\_ Card Security Code \_\_\_\_\_