



Freedom from Tobacco

Course Description: If you want to quit smoking, vaping, dipping, or chewing, then this 2-session, 5-hour course is for you. Tobacco treatment specialists trained through the Mayo Clinic will provide you with the necessary tools to tackle nicotine cravings and prepare you for a Quit Date. Studies have shown that working with a tobacco treatment specialist doubles your chances of stopping smoking. This class is a joint-initiative with Tobacco Free Amarillo, so it is FREE. In addition, if you are over 18, you may be eligible to receive a **free starter supply of nicotine replacement therapy products (patches, gum, lozenges)**. Additional post-course support will be discussed to help you succeed at quitting and remaining tobacco-free. A certificate will be provided upon completion of the course. This program can help those who just need a little extra push, as well as those who have almost given up – and everyone in between. People who quit using tobacco save money, and feel healthier and more in control. You CAN succeed, and we can help.

May 2025 – August 2025

Cost: The cost of this course is \$25 **FREE!** **Class transfers must be requested at least one day prior to the start of class.** After this period, students will be required to register for another class.

Registration: Full registration instructions are located on the back of this form. **Students are required to register 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) 457-4452 or (806) 457-4468 or e-mail rrdominguez@actx.edu. Se habla español. You may also visit us online at 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 (Enrollment Center, Suite 700, Phone 345-5639) as soon as possible.

Course ID #	Days	Dates	Times	Location
230799	Tues/Thurs	May 20, 22	6:00pm-8:30pm	AC First Responders, 3891 Plains Blvd, Room 1057

Course ID #	Days	Dates	Times	Location
236094	Tues/Thurs	June 24, 26	6:00pm-8:30pm	AC First Responders, 3891 Plains Blvd, Room 1057

Course ID #	Days	Dates	Times	Location
236095	Tues/Thurs	July 22, 24	6:00pm-8:30pm	AC First Responders, 3891 Plains Blvd, Room 1008

Course ID #	Days	Dates	Times	Location
236096	Tues/Thurs	August 26, 28	6:00pm-8:30pm	AC First Responders, 3891 Plains Blvd, Room 1008

*****FREE CLASS SPECIAL – CALL (806) 457-4452****

Phone Registration

- Call Intervention Programs, (806) 457-4452, and provide the information on the registration form below.
- No acknowledgement will be mailed.

Mail Registration

- Complete the registration form, and mail to:
AMARILLO COLLEGE
INTERVENTION PROGRAMS
PO BOX 447
AMARILLO TX 79178
- No acknowledgement will be mailed.

FAX Registration

- Complete the registration form, and fax to: Intervention Programs, (806) 457-4457.
- No acknowledgement will be mailed.

In-Person Registration

FIRST RESPONDERS ACADEMY, 3891 Plains Blvd., Room 1007, Amarillo, TX

HOURS VARY BY CAMPUS LOCATION AND DURING HOLIDAYS/SUMMER

Please call AC Intervention Programs at (806) 457-4452 for current hours.

Registration Form – Freedom from Tobacco

Course ID#: _____ Beginning Date: _____

Last 4 digits of Social Security Number: _____ Date of Birth: _____

Last Name: _____ First: _____ MI: _____

Current Address: _____

City/State/Zip Code: _____

Cell Phone: _____ Work Phone: _____ Home 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: _____

FREE CLASS – SPECIAL OFFER