

# Anger Management

**Course Description:** This researched and evidence-based course is most often required for persons who have been convicted of and/or placed on probation for an assaultive offense. It is also appropriate for anyone who would like assistance in reducing stress, controlling emotions, or reducing aggressive behavior. This **4-session**, 12 hour program is designed to help participants understand why people use violence, discover how attitudes can override values, learn how to identify and control strong emotions, learn how to develop a plan to alter present behavior, learn to gain better self-control, learn to walk away from confrontations, establish goal-directed behavior patterns, and make a firm commitment never to repeat as a criminal offender, if applicable.

A *Home Study* version of this program is also available. Please contact our office for more information.

## August 2025 – December 2025

**Cost:** The cost of this course is \$95. **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. **Students are required to register and pay prior to the first class. It is also 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 4 sessions in consecutive order. There will be no exceptions or make-up classes allowed. Students are required to bring an adult 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](mailto:rrdominguez@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 (Enrollment Center, Suite 700, Phone 345-5639) as soon as possible.

| Course ID # | Days                         | Dates                             | Times             | Location                                         |
|-------------|------------------------------|-----------------------------------|-------------------|--------------------------------------------------|
| 237079      | Tues/Thurs<br>and Tues/Thurs | October 7 & 9<br>October 14 & 16  | 6:00 pm - 9:00 pm | AC First Responders, 3891 Plains Blvd, Room 1009 |
| 237080      | Tues/Thurs<br>and Tues/Thurs | December 2 & 4<br>December 9 & 11 | 6:00 pm - 9:00 pm | AC First Responders, 3891 Plains Blvd, Room 1009 |

## Online Registration

You must use a credit/debit card to pay at the time of online registration. Go to [www.actx.edu/intervention](http://www.actx.edu/intervention). Click **Register for Classes**, go to the search box and type in "Anger Management" or just "Anger", and then click enter. Choose your desired class/date, and then click "Add to Cart" to continue.

## 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) 322-9866.
- No acknowledgement will be mailed.

## In-Person Registration

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

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

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

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

**HEREFORD CAMPUS, Hereford, Texas – Student Service Center, 1115 W. 15<sup>th</sup> Street, Hereford, TX**

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

**HOURS VARY BY CAMPUS AND DURING HOLIDAYS/SUMMER**

Call AskAC at (806) 371-5000 for current hours.

### Registration Form – Anger Management

|                                                                     |                                                                                                                             |                     |                                                         |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|
| Course ID#:                                                         | _____                                                                                                                       | Beginning Date:     | _____                                                   |
| Last 4 digits of SSN:                                               | _____                                                                                                                       | 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<br>___ 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:                                               | _____                                                                                                                       | Card Security Code: | _____                                                   |