

# **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 2025 – May 2026**

**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) 457-4452 or (806) 457-4468 or e-mail [rdominguez@actx.edu](mailto:rdominguez@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

# **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 **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:** \_\_\_\_\_