

## Texas Department of State Health Services

## **Department of State Health Services**

<b>DSHS</b>	Use	Onl	v:
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Reviewed By:

Approved Date:

## Campus Program for Minors

Sexual abuse and child molestation training and examination information

Texas Education Code § 51.976; 25 Texas Administrative Code § 265.401 – 265.405

INSTITUTION OF HIGHER EDUCATION holding the off-site program or on the grounds of which the program is held:							
ADDRESS:				ZIP CODE:			
CITY: COUNTY:				COUNTY ID#:			
PROGRAM OPERATOR if different from above:				PHONE:			
PHYSICAL ADDRESS of location where program will be held, if different from above:				ZIP CODE:			
CITY:	COUNT	Υ:		COUNTY ID#:			
DATES OF OPERATION:							
Employee Name	Date Employ	ed Trainin	g Course Name	Course Approval #	Date Training Completed		
Program Date:							
Operator:							
(signature)							