Department of State Health Services



Send to: P.O. Box 149347, M.C. 1987-PHS Austin, Texas 78714-9347 PHONE (512) 834-6788 FAX (512) 834-6707 email: PHSCPS@dshs.state.tx.us <u>http://www.dshs.state.tx.us/</u> **DSHS Use Only:**

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:	COUNTY:	COUNTY ID#:
DATES OF OPERATION:		

Employee Name	Date Employed	Training Course Name	Course Approval #	Date Training Completed
				Completed

Program Operator:	Date:
(signature)	

Environmental Health Group – PSQA