



# Department of State Health Services

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**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

Program Operator: (signature) Date: