

## Texas Department of State Health Services

INSTITUTION OF HIGHER EDUCATION

## **Department of State Health Services**

Reviewed By:

Approved Date:

on the grounds of which the program is

## 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

holding the off-site program or

held:							
ADDRESS:				Z	ZIP CODE:		
CITY:		COUNTY:		C	COUNTY ID#:		
PROGRAM OPERATOR if different from above:				P	PHONE:		
PHYSICAL ADDRESS of location where program will be held, if different from above:				Z	ZIP CODE:		
CITY:		COUNTY:		C	COUNTY ID#:		
DATES OF OPERATION:							
Employee Name	Employee Name Date Employ		Training Course Name		Course Approval #	Date Training Completed	
Program Date: Operator: (signature)							