TEXAS Health and Human Services Texas Department of State Health Services	Department of State Health Servic 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.texas.gov http://www.dshs.texas.gov/				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 EL held:	DUCATION	holdi	ng the off-site program or	0	n the grounds of which	the program is	
ADDRESS:					ZIP CODE:		
CITY:		COUNTY:	СО		OUNTY 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	Date:
Operator:	
(signature)	