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
http://www.dshs.state.tx.us/

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: University of Houston-Downtown		
ADDRESS:		ZIP CODE:
CITY:	COUNTY:	COUNTY ID#:
NAME of PROGRAM OPERATOR:		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 /Volunteer	Training Course Name	Course Approval #	Date Training Completed	Date Bckgd Check Completed

Program Operator: (signature)	Date: