



**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: TAMU AgriLife Extension

ADDRESS:		ZIP CODE:
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CITY:	COUNTY:	COUNTY ID#:
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PROGRAM OPERATOR if different from above:	PHONE:
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PHYSICAL ADDRESS of location where program will be held, if different from above:	ZIP CODE:
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CITY:	COUNTY:	COUNTY ID#:
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DATES OF OPERATION:

Employee Name	Date Employed	Training Course Name	Course Approval #	Date Training Completed
		Child Protection Trng	CPM 12-0066	

Program Operator: (signature)	Date:
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