



Campus Program for Minors

EMPLOYEE TRAINING VERIFICATION FORM

Texas Education Code §51.976 | 25 TAC §§265.401-265.405



Texas Department of State
Health Services

Texas Department of State
Health Services

Purpose: This form is to verify compliance with employee training and examination requirements for Campus Programs for Minors. Submit to DSHS within five days after the program begins.

PROGRAM INFORMATION

Institution of Higher Education:		Program Operator:	
Institution Address:		Operator Phone:	
City / State / ZIP:		Operator Email:	
Program Location (if different):		Program Start Date:	
City / State / ZIP:		Program End Date:	

EMPLOYEE TRAINING VERIFICATION

Employee Name	Employment Start Date	Training Course Name	DSHS Course Approval No.	Training Completion Date

Note: The program operator must retain required employee documentation. Do not submit employee training certificates with this form unless requested by DSHS.

Please use an additional form if more lines are needed.

CERTIFICATION

I certify that the employees identified on this form have complied with the applicable training and examination requirements of Texas Education Code §51.976 and 25 TAC §265.403.

Program Operator / Authorized Representative:		Title:	
Signature:		Date:	

DSHS USE ONLY

Date Received:		Reviewed By:	
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Submit to: DSHS Public Health and Sanitation Program | PHSCPS@dshs.texas.gov