MAILING ADDRESS

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FOR DSHS USE ONLY:

BUDGET/FUND: ZZ110-112

Remit #:	
Remit Date:_	

Youth Camp - Sexual Abuse And Child Molestation Awareness Training And Examination Program Application

Please check the appr	opriate box. 🔲 Initial I	Review	R€	enewal	Review	
For TDSHS Use Only: Received Date:	Init		Amt. Rcvd.:			
		-				
Postmark Date:			FY:	Pyn	nt. Type:	
Rvw. Date:	Init	-	Last Doc. Rcvd. D	ate:		
Aprv. Date:	Init		Print Date:			Init
Issue Date:	Init	-	Mail Date:			Init
Name & Address Inf	ormation (Plea	ase prov	ide the fol	lowing	informa	ation.)
Name:				Phon	ne #:	
Mailing Address:						
City:			State:		Zip:	
Email Address:						
Program Informatio	n					
Training Program Name:						
Program Format: (Check all that apply)	Classroom Training	☐ Vid	eotape	□OnI	line	Other (describe)
Program Length:		Nur	nber of Exa	minatio	n Questi	ons:
Passing Score:		Nur	mber of Cor	rect Que	estions N	leeded to Pass:
Do you want your trainir	ng program information li	sted on	the Youth C	amp We	eb Page:	□Yes □No
You must attach a copy	of your training program,	, includir	g the exam	ination	, with thi	is application. If the
	rse, you may send the tra					_
Fees: Initial review \$12	5 Follow-up review \$1	25. NO	OTE: Applica	ation fe	es are no	on-refundable.
Send application, training program, and fees to the mailing address listed above.						
Signature:		Tit	ile:			
Name:		Da	Date:			
(Pleas	se print)					

Privacy Notification

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.tdh.state.tx.us for information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Incomplete Applications and Improper Fees will delay the approval of your training program.

Created: March 2006, Rev. 03/08/2017 1 EF20-12376





John Hellerstedt, M.D. Commissioner

Program I	Nam	e:Date of Review:
Contact Name:		:Format:
Camps S departme under con	Safe ent m ntrac ano	as Administrative Code, Chapter 265, Subchapter B, Texas Youth ty and Health, Section 265.12(i)(4): Prior to their use, the nay approve training and examination programs offered by trainers with youth camps, by online training organizations, or programs ther format, such as a videotape, authorized by the department. UAL ABUSE AND MOLESTATION TRAINING CHECKLIST
	ed b	nd examination program on sexual abuse and child molestation y the department shall at a minimum include training and an n on:
a.		the definitions and effects of sexual abuse and child molestation;
b .		the typical patterns of behavior and methods of operation of child molesters and sex offenders that put children at risk;
c.		the warning signs and symptoms associated with sexual abuse or child molestation, recognition of the signs and symptoms, and the recommended methods of reporting suspected abuse;
d.		the recommended rules and procedures for youth camps to implement to address, reduce, prevent, and report suspected sexual abuse or child molestation;
e.		the need to minimize unsupervised encounters between adults and minors; and
f.		the potential for consensual and nonconsensual sexual activity between campers, steps to prevent sexual activity between campers, and how to respond if sexual activity between campers occurs.
2. 🗌		training program shall last for a minimum of one hour and discuss of the above listed topics.
3.	The	examination shall consist of a minimum of 25 questions which shall

	cover each of the topics described in (1) above.				
4.	To successfully complete the training program, each employee or volunteer shall achieve a score of 70% or more correct on an individual examination.					
5. 🗌	The employee or volunteer shall retain a certificate of completion indicating they successfully completed the course.					
Review	ved by:	Date:				
☐ Acc	cept [☐ Not Accept				