This form is used for monitoring and auditing compliance with the Protection of Minors on Campus policy and procedures. Please complete one form for each program.

1. **Program Name**
   Click or tap here to enter text.

2. **Program Sponsor Name**
   Click or tap here to enter text.

3. **Is the program one-time or re-occurring?**
   - [ ] One-time
   - [ ] Re-occurring

4. **List all Authorized Adults working in your program.**
   NOTE: The term “Authorized Adult” means an individual, 18 years and older, paid or unpaid, who works closely with, supervises, instructs, or otherwise comes into direct, non-incidental contact with minors in the program. This does not include invited guest speakers, guest lecturers, or guest instructors whose interaction with minors is limited and only in the presence of an Authorized Adult.

   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.

5. **Program Dates**
   - **Start Date**
     Click or tap to enter a date.
   - **End Date**
     Click or tap to enter a date.

6. **Do you maintain a file of each Authorized Adult’s training certificates?**
   - [ ] Yes
   - [ ] No

7. **Please email updated Personal Boundaries Statements for all Authorized Adults to**
   [ehunt6@uncfsu.edu](mailto:ehunt6@uncfsu.edu)