

**PROTECTION OF MINORS COMPLIANCE FORM**

Rowan University-Sponsored Programs

(This Form Must be Submitted at least 15 days Prior to the Program/Event Start Date)

Program Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Secondary Contact: \_\_\_\_\_

Program Date(s): \_\_\_\_\_ Start/End Times(s): \_\_\_\_\_

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By signature below, I hereby certify that the above-referenced Program is in compliance with the Compliance Requirements as set forth in Rowan’s Protection of Minors Policy. Specifically, I certify:

\_\_\_\_\_ A Sex offender registry check (via the Dru Sjodin National Sex Offender Public Website at <http://www.nsopw.gov/en-US>) has been completed on all Authorized Adults and those who hold Direct Contact Positions or Job Titles in the Program, within the twelve (12) month period preceding the Program. And, to the extent any check indicated a record of sexually based offenses or crimes against Minors, it was appropriately reported.

\_\_\_\_\_ All Authorized Adults and those who hold Direct Contact Positions or Job Titles in the Program have completed training on protecting Minors and the mandatory requirements for reporting abuse.

\_\_\_\_\_ A Criminal Background Check administered by Human Resources has been completed, within the past four (4) years on all Authorized Adults and those who hold Direct Contact Positions or Job Titles in the Program (excluding Rowan students under the supervision of a Rowan University faculty or staff member). And, to the extent any check indicated a record of sexually based offenses or crimes against Minors, or other offense, it was appropriately addressed in accordance with the policy.

I further acknowledge that all Rowan-sponsored Programs involving Minors must be operated in accordance with the requirements of the Rowan University Protection of Minors Policy. By signing below, I acknowledge receipt of this Policy and that the above-referenced Program will be operated in accordance with the requirements of this Policy.

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_