

## <u>Protection of Minors</u> <u>Certification of Training</u>

I have read and understand the Boston University Policy regarding Protection of Minors and completed the training below. I agree to comply with the Boston University Protection of Minors Policy and Procedures and, if applicable, with my obligations as a Mandated Reporter under Massachusetts law.

If I know of or suspect abuse or neglect of a Minor, I agree to immediately notify the Boston University Police Department and the Minors Program Coordinator for my program or, if none, the program supervisor or director, dean, or vice president responsible for my program.

| Program<br>Participation | Services, Programs or Activities   | Training Level            | Training<br>Completed |
|--------------------------|--|---------------------------|-----------------------|
|                          | Residential services, programs or activities operated by the University on Campus  | Online Training           |                       |
|                          | Non-Residential services, programs or activities operated by the University on Campus  | Online Training           |                       |
|                          | Services programs or activities operated or formally facilitated by the University off-Campus  | Online Training           |                       |
|                          | Services, programs or activities not operated by the University but in which members of the University community participate in their capacity as students, faculty or staff | Policy/Document Review    |                       |
|                          | Third Party services, programs or activities   | Policy/Document Review    |                       |
|                          | Minor visitors to campus who are not part of formal services, activities or programs or are accompanied by their parents or teachers   | None required             |                       |
|                          |  |                           |                       |
| Signature                | Date   | <u> </u>                  |                       |
| Printed Name Progr       |  | ram/College/Activity Area |                       |
| Upon completi            | ion, please submit this form to your direct sup  | pervisor.                 |                       |