

STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM (NOT FOR CORE COURSE USE)						ANNUAL COURSE ROSTER		ATTN: STC FIELD REPRESENTATIVE	
1. CERTIFICATION NUMBER	2. COURSE START DATE	3. COURSE END DATE	4. LOCATION	5. CERTIFIED HOURS	6. DATE CERTIFIED	PAGE (S) OF			
7. COURSE TITLE (2 lines of text only)			8. TRAINING PROVIDER			9. TELEPHONE NUMBER			
10. PLEASE LIST ONLY INSTRUCTORS FOR THIS COURSE PRESENTATION. DO NOT WRITE "VARIOUS"						11. TOTAL PARTICIPANTS			
12. NAME (LAST, FIRST, MIDDLE INITIAL) (TYPE OR PRINT LEGIBLY)		13. TRAINEE SIGNATURE		14. COMPLETE NAME OF AGENCY		15. HOURS ATTENDED (TO BE COMPLETED BY AGENCY/PROVIDER REPRESENTATIVE ONLY)	16. EMAIL (optional)* (PLEASE PROVIDE YOUR EMAIL ADDRESS. STC <u>MAY</u> CONTACT YOU REGARDING THIS COURSE.)		
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17. I CERTIFY THE ABOVE INFORMATION IS CORRECT									
NAME AND TITLE					AUTHORIZED SIGNATURE			DATE	

*IF YOU WOULD LIKE TO SUBMIT ADDITIONAL COMMENTS, SUGGESTIONS, OR INPUT REGARDING THIS OR ANY OTHER STC COURSE, GO TO OUR WEBSITE AT WWW.BSCC.CA.GOV/PROGRAMS-AND-SERVICES/STC/RESOURCES AND COMPLETE OUR **COURSE FEEDBACK FORM**. THIS MAY BE DONE ANONYMOUSLY OR YOU HAVE THE OPTION TO HAVE AN STC REPRESENTATIVE CONTACT YOU. roster2012