

STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM
(NOT FOR ANNUAL COURSE USE)

CORE 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
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PAGE (S) OF

7. COURSE TITLE (2 lines of text only)	8. TRAINING PROVIDER
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9. TELEPHONE NUMBER

10. PLEASE LIST ONLY INSTRUCTORS FOR THIS COURSE PRESENTATION. DO NOT WRITE "VARIOUS"

11. TOTAL PARTICIPANTS

11. NAME (LAST, FIRST, MIDDLE INITIAL) (TYPE OR PRINT LEGIBLY)	12. TRAINEE SIGNATURE	13. COMPLETE NAME OF AGENCY	14. HOURS ATTENDED (TO BE COMPLETED BY PROVIDER REPRESENTATIVE ONLY)	15. CORE COURSE ONLY SATISFACTORY COMPLETION	
				YES	NO
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16. I CERTIFY THE ABOVE INFORMATION IS CORRECT

NAME AND TITLE	AUTHORIZED SIGNATURE	DATE
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* 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