

STANDARDS AND TRAINING FOR CORRECTIONS (STC) PROGRAM - COURSE ROSTER

COURSE TYPE: RFC ANNUAL CORE WRE SPECIAL CERTIFICATION IFT STC CERTIFIED CONFERENCE

1. CERTIFICATION NUMBER	2. COURSE START DATE	3. COURSE END DATE	4. LOCATION	5. CERTIFIED HOURS	6. EXPIRATION DATE	7. PAGE: OF
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8. COURSE TITLE	9. TRAINING PROVIDER	10. WAS A CERTIFICATION ACHIEVED? <input type="checkbox"/> YES DESCRIBE:
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11. PLEASE LIST ONLY INSTRUCTORS FOR THIS COURSE PRESENTATION.

12. DESCRIBE KEY PERFORMANCE OBJECTIVES (OR COMPETENCIES) OF TRAINING.

13. NAME (LAST, FIRST, MIDDLE INITIAL) (TYPE OR PRINT LEGIBLY)	14. AGENCY EMPLOYEE ID (OPTIONAL)	15. TRAINEE SIGNATURE	16. COMPLETE AGENCY NAME	17. HOURS ATTENDED	18. SATISFACTORY COMPLETION	
					YES	NO
1.					<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>
9.					<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>
11.					<input type="checkbox"/>	<input type="checkbox"/>
12.					<input type="checkbox"/>	<input type="checkbox"/>
13.					<input type="checkbox"/>	<input type="checkbox"/>
14.					<input type="checkbox"/>	<input type="checkbox"/>
15.					<input type="checkbox"/>	<input type="checkbox"/>
16.					<input type="checkbox"/>	<input type="checkbox"/>

19. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

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 STC WEBSITE AND COMPLETE OUR **COURSE COMMENT FORM**. THIS MAY BE DONE ANONYMOUSLY OR YOU HAVE THE OPTION TO HAVE AN STC REPRESENTATIVE CONTACT YOU.

INSTRUCTIONS FOR COMPLETING THE STC COURSE ROSTER

All STC training providers must use the Standards of Training for Corrections (STC) Program - Course Roster for attendance verification, regardless of the certification type (i.e., RFC, IFT, WRE, Conference or Special Certification).

IMPORTANT: Complete ALL applicable fields. Incomplete rosters will be returned to the provider.

COURSE TYPE: Place an “X” in the appropriate box to indicate the type of certification.

1. ***CERTIFICATION NUMBER:** Enter the STC Certification Number assigned to the course.
2. **COURSE START DATE:** Enter the date the course began.
3. **COURSE END DATE:** Enter the date the course ended.
4. **LOCATION:** Enter the city or county in which the training was held.
5. ***CERTIFIED HOURS:** Enter the number of hours associated with the certification.
6. ***EXPIRATION DATE:** Enter the expiration date for the course certification.
7. **PAGE:** Enter the number page out of the total number of pages.
Example: Page 1 of 3. For class offerings with more than 16 students, use multiple pages. Fill out all course information and sign each page.
8. ***COURSE TITLE:** List the name of the course, as it appears in the STC Learning Portal.
9. **TRAINING PROVIDER:** List the name of the training provider (i.e., the agency or private provider that is administering the course).

** This information can be found in the STC Learning Portal. Contact your assigned STC Field Representative with any questions.*

10. **WAS CERTIFICATION ACHIEVED?:** Did students receive a specialized certification or qualification? If “Yes”, enter the specific certification or qualification (i.e., First Aid/CPR certification).
11. **INSTRUCTORS FOR THIS COURSE PRESENTATION:** Include the names of all individuals who taught the course on the dates listed on the roster. If this is a Core course roster, attach a complete list of instructors approved to instruct the course.
12. **KEY PERFORMANCE OBJECTIVES (OR COMPETENCIES) OF TRAINING:** Provide a concise statement of the 2-3 most key performance objectives (or competencies) students will possess upon completion of the course. Include skills in equipment and software.
13. **NAME:** List the name of each student who attended the course. Last, first, middle initial format.
14. **EMPLOYEE ID (OPTIONAL):** Enter the student’s agency issues employee ID, if desired.
15. **TRAINEE SIGNATURE:** For in-person training, each student must sign the roster. For virtual or online training, the training provider, instructor or agency training manager may sign to verify the student’s attendance.
16. **COMPLETE NAME OF AGENCY:** List the name of the agency with which each student is affiliated.
17. **HOURS ATTENDED:** List the number of hours each student completed. If a student was able to complete only a portion of the course, indicate that accordingly.
18. **SATISFACTORY COMPLETION:** Indicate in the appropriate checkbox (“Yes” or “No”) whether the student successfully completed the course’s performance objectives (or competencies), hours and testing (if applicable).