|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM CORE COURSE ROSTER  (NOT FOR ANNUAL COURSE USE) | | | | | | | | | | | **ATTN: STC FIELD REPRESENTATIVE** | | | |
| 1. **CERTIFICATION NUMBER** | 1. **COURSE START DATE** | **COURSE END DATE** | | 1. **LOCATION** | | **4. CERTIFIED HOURS** | | | **5. DATE CERTIFIED** | | **Page** **of** **Pages** | | | |
| **6. COURSE TITLE** | | | | | **7. TRAINING PROVIDER** | | | | | | **8. TELEPHONE NUMBER** | | | |
| **9. LIST INDIVIDUALLY ALL INSTRUCTORS FOR THIS COURSE PRESENTATION) Last, First,…(PLEASE DO NOT WRITE “VARIOUS”)** | | | | | | | | | | | **10. 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** |
| 1. | | |  | | | |  | | |  | | |  |  |
| 2. | | |  | | | |  | | |  | | |  |  |
| 3. | | |  | | | |  | | |  | | |  |  |
| 4. | | |  | | | |  | | |  | | |  |  |
| 5. | | |  | | | |  | | |  | | |  |  |
| 6. | | |  | | | |  | | |  | | |  |  |
| 7. | | |  | | | |  | | |  | | |  |  |
| 8. | | |  | | | |  | | |  | | |  |  |
| 9. | | |  | | | |  | | |  | | |  |  |
| 10. | | |  | | | |  | | |  | | |  |  |
| 11. | | |  | | | |  | | |  | | |  |  |
| 12 | | |  | | | |  | | |  | | |  |  |
| 13. | | |  | | | |  | | |  | | |  |  |
| 14. | | |  | | | |  | | |  | | |  |  |
| 15. | | |  | | | |  | | |  | | |  |  |
| 16. | | |  | | | |  | | |  | | |  |  |
| 17. | | |  | | | |  | | |  | | |  |  |
| 18. | | |  | | | |  | | |  | | |  |  |
| 19. | | |  | | | |  | | |  | | |  |  |
| 20. | | |  | | | |  | | |  | | |  |  |
| 16. 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/ and complete our Course Comment form. This may be done anonymously or you have the option to have an STC representative contact you. roster2011

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM CORE COURSE ROSTER  (NOT FOR ANNUAL COURSE USE) | | | | | | | | | | | **ATTN: STC FIELD REPRESENTATIVE** | | | |
| 1. **CERTIFICATION NUMBER** | 1. **COURSE START DATE** | **COURSE END DATE** | | 1. **LOCATION** | | **4. CERTIFIED HOURS** | | | **5. DATE CERTIFIED** | | **Page       of       Pages** | | | |
| **6. COURSE TITLE** | | | | | **7. TRAINING PROVIDER** | | | | | | **8. TELEPHONE NUMBER** | | | |
| **9. LIST INDIVIDUALLY ALL INSTRUCTORS FOR THIS COURSE PRESENTATION) Last, First,…(PLEASE DO NOT WRITE “VARIOUS”)** | | | | | | | | | | | **10. 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** |
| 21. | | |  | | | |  | | |  | | |  |  |
| 22. | | |  | | | |  | | |  | | |  |  |
| 23. | | |  | | | |  | | |  | | |  |  |
| 24. | | |  | | | |  | | |  | | |  |  |
| 25. | | |  | | | |  | | |  | | |  |  |
| 26. | | |  | | | |  | | |  | | |  |  |
| 27. | | |  | | | |  | | |  | | |  |  |
| 28. | | |  | | | |  | | |  | | |  |  |
| 29. | | |  | | | |  | | |  | | |  |  |
| 30. | | |  | | | |  | | |  | | |  |  |
| 31. | | |  | | | |  | | |  | | |  |  |
| 32 | | |  | | | |  | | |  | | |  |  |
| 33. | | |  | | | |  | | |  | | |  |  |
| 34. | | |  | | | |  | | |  | | |  |  |
| 35. | | |  | | | |  | | |  | | |  |  |
| 36. | | |  | | | |  | | |  | | |  |  |
| 37. | | |  | | | |  | | |  | | |  |  |
| 38. | | |  | | | |  | | |  | | |  |  |
| 39. | | |  | | | |  | | |  | | |  |  |
| 40. | | |  | | | |  | | |  | | |  |  |
| 16. 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/ and complete our Course Comment form. This may be done anonymously or you have the option to have an STC representative contact you.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM CORE COURSE ROSTER  (NOT FOR ANNUAL COURSE USE) | | | | | | | | | | | **ATTN: STC FIELD REPRESENTATIVE** | | | |
| 1. **CERTIFICATION NUMBER** | 1. **COURSE START DATE** | **COURSE END DATE** | | 1. **LOCATION** | | **4. CERTIFIED HOURS** | | | **5. DATE CERTIFIED** | | **Page       of       Pages** | | | |
| **6. COURSE TITLE** | | | | | **7. TRAINING PROVIDER** | | | | | | **8. TELEPHONE NUMBER** | | | |
| **9. LIST INDIVIDUALLY ALL INSTRUCTORS FOR THIS COURSE PRESENTATION) Last, First,…(PLEASE DO NOT WRITE “VARIOUS”)** | | | | | | | | | | | **10. 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** |
| 41. | | |  | | | |  | | |  | | |  |  |
| 42. | | |  | | | |  | | |  | | |  |  |
| 43. | | |  | | | |  | | |  | | |  |  |
| 44. | | |  | | | |  | | |  | | |  |  |
| 45. | | |  | | | |  | | |  | | |  |  |
| 46. | | |  | | | |  | | |  | | |  |  |
| 47. | | |  | | | |  | | |  | | |  |  |
| 48. | | |  | | | |  | | |  | | |  |  |
| 49. | | |  | | | |  | | |  | | |  |  |
| 50. | | |  | | | |  | | |  | | |  |  |
| 51. | | |  | | | |  | | |  | | |  |  |
| 52 | | |  | | | |  | | |  | | |  |  |
| 53. | | |  | | | |  | | |  | | |  |  |
| 54. | | |  | | | |  | | |  | | |  |  |
| 55. | | |  | | | |  | | |  | | |  |  |
| 56. | | |  | | | |  | | |  | | |  |  |
| 57. | | |  | | | |  | | |  | | |  |  |
| 58. | | |  | | | |  | | |  | | |  |  |
| 59. | | |  | | | |  | | |  | | |  |  |
| 60. | | |  | | | |  | | |  | | |  |  |
| 16. 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 http://www.bscc.ca.gov/programs-and-services/stc/ and complete our Course Comment form. This may be done anonymously or you have the option to have an STC representative contact you.