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| 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** | **3. COURSE END DATE** | | 1. **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** | | | |
| **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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| 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/resources](http://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**