STANDARDS AND TRAINING FOR CORRECTIONS 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	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.

11. NAME (LAST, FIRST, MIDDLE INITIAL) (TYPE OR PRINT LEGIBLY)	12. TRAINEE SIGNATURE	13. COMPLETE NAME OF AGENCY	14. HOURS ATTENDED	15. CORE COURSE ONLY: SATISFACTORY COMPLETION	
				YES	NO
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
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16. I CERTIFY THAT ALL COURSE ATTENDEES LISTED ABOVE HAVE SUCCESSFULLY COMPLETED THE COURSE REQUIREMENTS (AND TESTING, IF APPLICABLE).

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 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.   **roster2021**