Print Form

STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM

(NOT FOR CORE COURSE USE)

ANNUAL 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

7. COURSE TITLE (2 lines of text only) (100 characters)	8. TRAINING PROVIDER	9. TELEPHONE NUMBER

10. PLEASE LIST ONLY INSTRUCTORS FOR THIS COURSE PRESENTATION. DO NOT WRITE "VARIOUS" (100 characters)	11. TOTAL PARTICIPANTS

12. NAME (LAST, FIRST, MIDDLE INITIAL) (TYPE OR PRINT LEGIBLY)	13. TRAINEE SIGNATURE	14. COMPLETE NAME OF AGENCY	15. HOURS ATTENDED (TO BE COMPLETED BY AGENCY/PROVIDER REPRESENTATIVE ONLY)	16. EMAIL (optional)* (PLEASE PROVIDE YOUR EMAIL ADDRESS. STC MAY CONTACT YOU REGARDING THIS COURSE.)
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17. 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.CDCR.CA.GOV/CSA/STC AND COMPLETE OUR **COURSE COMMENT FORM**. THIS MAY BE DONE ANONYMOUSLY OR YOU HAVE THE OPTION TO HAVE AN STC REPRESENTATIVE CONTACT YOU.