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| STANDARDS AND TRAINING FOR CORRECTIONS (7/2018) | **EACH ATTENDEE MUST COMPLETE A FORM AND RETAIN WITH THEIR AGANCY TRAINING RECORDS TO VERIFY ATTENDANCE.**  |
| COMPLETION ROSTER (CHECK THE APPROPRIATE BOX) |
| CONFERENCE [ ]  SPECIAL CERTIFICATION (SC) [ ]  WORK RELATED EDUCATION (WRE)[ ]   |
|  |
| ATTENDEE NAME: | Click or tap here to enter text. |
| ATTENDEE AGENCY: | Click or tap here to enter text. |
| CONFERENCE/COURSE TITLE: | Click or tap here to enter text. |
| STC CERTIFICATION #: | Click or tap here to enter text. |
| TOTAL CERTIFIED HOURS: | Click or tap here to enter text. |
| TOTAL HOURS ATTENDED: | Click or tap here to enter text. |
| COMPLETION DATE: | Click or tap here to enter text. |
| PROVIDER NAME: | Click or tap here to enter text. |
| **I ATTEST THAT I HAVE ATTENDED THE ABOVE COURSE:**  |
| PARTICIPANT’S SIGNATURE: DATE: |
| TRAINING MANAGER’S SIGNATURE: DATE: |
|  |
| EVALUATION (OPTIONAL) |
| 1. Were you able to obtain any ideas from the conference/course that may help you do your current job better? |
| Click or tap here to enter text. |
| 2. Please give an example of how you might use the information from this conference/course in a practical situation in the future. |
| Click or tap here to enter text. |
| 3. In what direct or indirect way did this training enhance or expand your contribution to your agency? |
| Click or tap here to enter text. |
| 4. Please provide any general comments you feel may be helpful in evaluating this conference/course for future use. |
| Click or tap here to enter text. |

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