

COMPLETION ROSTER (CHECK THE APPROPRIATE BOX)

CONFERENCE SPECIAL CERTIFICATION (SC) WORK RELATED EDUCATION (WRE)

ATTENDEE NAME:	
ATTENDEE AGENCY:	
CONFERENCE/COURSE TITLE:	
STC CERTIFICATION #:	
TOTAL CERTIFIED HOURS:	
TOTAL HOURS ATTENDED:	
COMPLETION DATE:	
PROVIDER NAME:	

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?

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2. Please give an example of how you might use the information from this conference/course in a practical situation in the future.

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3. In what direct or indirect way did this training enhance or expand your contribution to your agency?

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4. Please provide any general comments you feel may be helpful in evaluating this conference/course for future use.

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