

## Instructions for Completing Course Roster

The course roster provides the Corrections Standards Authority, participating departments, and training providers with a record of all participants attending a training course certified by the STC Program (see Policies and Procedures Manual for Training Providers).

**Attention:**

Enter the name of the assigned STC Program Field Representative.

**Page \_\_\_ of \_\_\_ Pages:**

Enter the roster page number followed by the total number of roster pages submitted.

**1. Certification Number**

Enter the STC certification number.

**1. Course Start and Completion Dates**

Enter the start date of the course.

Enter the end date of the course.

**2. Course End Date**

**1. Course Location**

Enter the location (city) in which the training takes place.

**1. Certified Course Hours:**

Enter the total course hours for which this course was certified.

**1. Date Certified:**

Enter the date the STC Program certified or recertified the course.

**1. Course Title:**

Enter the course title as certified.

**1. Training Provider:**

Enter the name of the training provider.

**1. Telephone:**

Enter the area code and telephone number of the training provider.

**1. List Instructors:**

List only the names of instructors for the current course presentation.

**1. Total Participants**

Enter the total number of STC participants that attended the course.

**1. Name:**

**TYPE** or **PRINT** legibly the last name, first name, and middle initial of each person who participated in the training, even if they only attended a portion of the course. If there are more than 20 trainees in the class, use additional forms as necessary. The typed or printed name must be legible or the roster will be returned to the provider.

**1. Trainee Signature**

Have each training participant sign his/her name.

**1. Complete Name of Agency:**

Enter the complete name of the department/agency to which the participant is assigned.

**1. Hours Attended:**

Enter the **ACTUAL** number of hours of classroom attendance for each individual. This is completed by the provider representative responsible for taking attendance, not training participants. The training provider is directly responsible for accurate recording.

**1. Optional Email**

The trainee has the option to enter their email address in the event they may be contacted by CSA with regards to the course.

**1. Name, Title and Signature:**

**TYPE** or **PRINT** legibly the name and the title of the person signing the roster. The person signing the roster is attesting to its accuracy and represents the training provider. The signature should be an original (not a stamp) and dated.