|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM**November 17-18, 2015** COURSE ROSTER | | | | | | | | | | | **ATTN: STC FIELD REPRESENTATIVE**  FIELD\_REP | | | |
| 1. **CERTIFICATION NUMBER**   **CERT\_NUMBER** | 1. **COURSE START DATE**   START\_DATE | **COURSE END DATE**  END\_DATE | | 1. **LOCATION**   LOCATION\_TO\_EDIT | | **4. CERTIFIED HOURS**   13 | | | **5. DATE CERTIFIED** | | **PAGE**  1  **OF**   1   **PAGES** | | | |
| **6. COURSE TITLE**   Girls Circle Facilitator Training, Promoting Resiliency in Adolescent Girls | | | | | **7. TRAINING PROVIDER**  One Circle Foundation | | | | | | **8. TELEPHONE NUMBER**  415-419-5119 | | | |
| **9. LIST ONLY INSTRUCTORS FOR THIS COURSE PRESENTATION**  Giovanna Taormina, Executive Director & Victoria Mahand, Trainer | | | | | | | | | | | **10. TOTAL PARTICIPANTS** | | | |
| **11.**  **NAME (LAST, FIRST, MIDDLE INITIAL)**  **(TYPE OR PRINT LEGIBLY)** | | | **12. TRAINEE SIGNATURE** | | | | **13. COMPLETE NAME OF AGENCY** | | | **14. HOURS ATTENDED**  **(TO BE COMPLETED BY PROVIDER REPRESENTATIVE ONLY)** | | | **15. CORE COURSE**  **ONLY**  **SATISFACTORY COMPLETION** | |
| **YES** | **NO** |
| 1. | | |  | | | |  | | |  | | |  |  |
| 2. | | |  | | | |  | | |  | | |  |  |
| 3. | | |  | | | |  | | |  | | |  |  |
| 4. | | |  | | | |  | | |  | | |  |  |
| 5. | | |  | | | |  | | |  | | |  |  |
| 6. | | |  | | | |  | | |  | | |  |  |
| 7. | | |  | | | |  | | |  | | |  |  |
| 8. | | |  | | | |  | | |  | | |  |  |
| 9. | | |  | | | |  | | |  | | |  |  |
| 10. | | |  | | | |  | | |  | | |  |  |
| 11. | | |  | | | |  | | |  | | |  |  |
| 12 | | |  | | | |  | | |  | | |  |  |
| 13. | | |  | | | |  | | |  | | |  |  |
| 14. | | |  | | | |  | | |  | | |  |  |
| 15. | | |  | | | |  | | |  | | |  |  |
| 16. | | |  | | | |  | | |  | | |  |  |
| 17. | | |  | | | |  | | |  | | |  |  |
| 18. | | |  | | | |  | | |  | | |  |  |
| 19. | | |  | | | |  | | |  | | |  |  |
| 20. | | |  | | | |  | | |  | | |  |  |
| 16. I CERTIFY THE ABOVE INFORMATION IS CORRECT | | | | | | | | | | | | | | |
| NAME AND TITLE  Giovanna Taormina, Executive Director | | | | | | | | AUTHORIZED SIGNATURE | | | | DATE | | |