

ATTN: STC FIELD REPRESENTATIVE
Sara Dunham

1. CERTIFICATION NUMBER 5759-081349	2. COURSE START DATE 9-17-15	3. COURSE END DATE 9-17-15	4. LOCATION Pomona, CA	5. CERTIFIED HOURS 4	6. DATE CERTIFIED 9-11-15
7. COURSE TITLE (2 lines of text only) B5 - CDCRS Sex Offender Management Program - Containment & Technology			8. TRAINING PROVIDER CPPCA	9. TELEPHONE NUMBER (916) 448-5810 x 1	
10. PLEASE LIST ONLY INSTRUCTORS FOR THIS COURSE PRESENTATION. DO NOT WRITE "VARIOUS"			11. TOTAL PARTICIPANTS 21		

Steve Marshall, PDCR

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.)
1. McBrayer, Helmut		LA Probation	4	
2. Nelson, Debbie		LA Probation	4	
3. Gallacher, James		Stanbelen Co Probation	4	
4. CALAIS, TONYA		LA CO. PROBATION	4	
5. GARDNER, KANDRA		LA CO PROBATION	4	
6. Peoples, Shirelle		LA County Probation	4	
7. Cristeluna, Monica		LA Co Probation	4	
8. Helina Sandover		LA Co Probation	4	
9. ED STANSON		LA Probation	4	
10. Lequendo, Sylvia		LA Probation	4	
11. WATLEY, TERRY		STATE PAROLE	4	
12. RODRIGUEZ, SYLVIA		CDCR STATE PAROLE	4	
13. Kim Flores		CDCR STATE PAROLE	4	
14. Mike WENZENEID		CDCR STATE PAROLE	4	
15. MAMA, FERNANDO		CDCR STATE PAROLE	4	
16. Sims, Stefany		CDCR STATE PAROLE	4	
17. Darlyne R. Knitichiv		LA Co Probation	4	
18. James Remers		LA Co Probation	4	
19. Marco Cruz		LA Co Probation	4	
20. Mitchell, Francine		CDCR Parole	4	

17. I CERTIFY THE ABOVE INFORMATION IS CORRECT

NAME AND TITLE: Michelle Nesbitt, Deputy Executive Director
 AUTHORIZED SIGNATURE:
 DATE: 9-17-15

*IF YOU WOULD LIKE TO SUBMIT ADDITIONAL COMMENTS, SUGGESTIONS, OR INPUT REGARDING THIS OR ANY OTHER STC COURSE, GO TO OUR WEBSITE AT WWW.BSCC.CA.GOV/PROGRAMS-AND-SERVICES/STC/RESOURCES AND COMPLETE OUR COURSE FEEDBACK FORM. THIS MAY BE DONE ANONYMOUSLY OR YOU HAVE THE OPTION TO HAVE AN STC REPRESENTATIVE CONTACT YOU. 10/16/2012

(NOT FOR CORE COURSE USE)

1. CERTIFICATION NUMBER: 5750-081349 2. COURSE START DATE: 9-17-15 3. COURSE END DATE: 9-17-15 4. LOCATION: Pomona, CA 5. CERTIFIED HOURS: 4 6. DATE CERTIFIED: 9-11-15

7. COURSE TITLE (2 lines of text only): B5 - CDCRs Sex Offender Management Program - Containment & Technology 8. TRAINING PROVIDER: CPPCA

10. PLEASE LIST ONLY INSTRUCTORS FOR THIS COURSE PRESENTATION. DO NOT WRITE "VARIOUS": Steve Harshbald, CDCR

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.)
1. Bozanic, Chris	<i>[Signature]</i>	CDCR-DPPB	2	
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17. I CERTIFY THE ABOVE INFORMATION IS CORRECT

NAME AND TITLE: Michelle Hoesbalt, Deputy Executive Director

AUTHORIZED SIGNATURE: *[Signature]*

DATE: 9-19-15

*IF YOU WOULD LIKE TO SUBMIT ADDITIONAL COMMENTS, SUGGESTIONS, OR INPUT REGARDING THIS OR ANY OTHER STC COURSE, GO TO OUR WEBSITE AT WWW.BSCC.CA.GOV/PROGRAMS-AND-SERVICES/STC/RESOURCES AND COMPLETE OUR COURSE FEEDBACK FORM. THIS MAY BE DONE ANONYMOUSLY OR YOU HAVE THE OPTION TO HAVE AN STC REPRESENTATIVE CONTACT YOU.