

ANNUAL COURSE ROSTER

STAFFARDS AND TRAINING FOR CORRECTIONS PROGRAM

ATTN: STC FIELD REPRESENTATIVE
Sara Dunham

(NOT FOR CORE COURSE USE) DOMINGO 2							
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) C2 - Domestic Violence: How Coercion Alcohol & Women Collide	8. TRAINING PROVIDER CPPCA
10. PLEASE LIST ONLY INSTRUCTOR FOR THIS COURSE PRESENTATION. DO NOT WRITE "VARIOUS"						11. TOTAL PARTICIPANTS 36	
Kathy Carly, Vantage Point, Inc.							

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. DAVURE BEHINCHIO		LA Co Probation	4	
2. GOSTELUM, MONICA		LA County Probation	4	
3. LEMAITRE, BRACCA		LA County Prob	4	
4. JIMENEZ, ELIZABETH		LA Co Probation	4	
5. ROMAN, NANCY		LA Co Probation	4	
6. MCGAY, STACEY		Orange Co. Probation	4	
7. KELLI, ELIZABETH		Ventura County Probation Agency	4	
8. CASTRO, KAREN		Ventura Co Probation Agency	4	
9. WATERS, LYNN		Ventura County Probation Agency	4	
10. URBACH, ALICIA		Napa County Probation	4.0	
11. GASTRA, KATHLEEN		Mendocino JTPC	4	
12. CARROLL, MARK		Sonoma County Probation	4.0	
13. BRAD, ELEANOR		CA State Probate	4.0	
14. SIMS, GREGORY		CA STATE PAROLE	4.0	
15. DAVIS, KATHLEEN		LA County Prob	4	
16. MUIR, SUSAN		Contra Costa Prob	4	
17. GAYAN, ARIAN		LA City Prob	4	
18. ENERAGE, ALANA		LA Co Probation	4	
19. COPPECH, BRIDGET		LA Co Probation	4	
20. ROSENBERG, EVELYN		Alameda Co Probation	4	erosem@acjail.org

17. I CERTIFY THE ABOVE INFORMATION IS CORRECT

NAME AND TITLE: Michelle Nesbitt, Deputy Executive Director

APPROVED SIGNATURE:

DATE: 9-17-14

*IF YOU WOULD LIKE TO SUBMIT ADDITIONAL COMMENTS, SUGGESTIONS, OR INPUT REGARDING THIS OR ANY OTHER STC COURSE, GO TO OUR WEBSITE AT WWW.BSCG.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. roster2012

ANNUAL COURSE ROSTER

ATTN: STC FIELD REPRESENTATIVE
Sara Durham

NOT FOR CORE COURSE USE					
1. CERTIFICATION NUMBER	2. COURSE START DATE	3. COURSE END DATE	4. LOCATION	5. CERTIFIED HOURS	6. DATE CERTIFIED
5759-081349	9-17-15	9-17-15	Pomona, CA	4	9-11-15
7. COURSE TITLE (2 lines of text only)			8. TRAINING PROVIDER		
C2 - Domestic Violence: How Coercion Alcohol & Women Collide			CPPCA		
10. PLEASE LIST ONLY INSTRUCTORS FOR THIS COURSE PRESENTATION. DO NOT WRITE "VARIOUS"					
Kathy Carty, Vantage Point, Inc.					
PAGE(S)			9. TELEPHONE NUMBER		
2 OF 2			(916) 448-5810 x 1		
11. TOTAL PARTICIPANTS			36		

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. Dianne Williams	<i>[Signature]</i>	L.A. County Probation	4	
2. Lucretia Mary A.	<i>[Signature]</i>	LA County Probation	4	
3. Lucretia Smith, Nydia	<i>[Signature]</i>	Santa Clarita Co. Prob. Dep.	4	
4. Marc Welsey	<i>[Signature]</i>	" "	4	
5. Charlie Smith	<i>[Signature]</i>	San Francisco Co. Prob.	4	
6. Nelson, Debra	<i>[Signature]</i>	L.A. Co. Probation	4	
7. Dinsing, Rebecca	<i>[Signature]</i>	Serna Co. Probation	4	
8. Paris Vega	<i>[Signature]</i>	L.A. Co. Probation	4	
9. EDRD, Stacy	<i>[Signature]</i>	LA County	4	
10. Gynne Walker	<i>[Signature]</i>	LA County	4	
11. Rayona Myler	<i>[Signature]</i>	LA County	4	
12. Garcia, Noe	<i>[Signature]</i>	Stanislaus Co. Probation	4	garciana@stancounty.com
13. Soto, Army	<i>[Signature]</i>	Stanislaus Co. Probation	4	
14. Laitschies, Diana	<i>[Signature]</i>	San Bernardino County	4	
15. Castaneda, Vivian	<i>[Signature]</i>	LA Co. Probation	4	
16. Eric Barnett	<i>[Signature]</i>	Finley	4	
17.				
18.				
19.				
20.				

17. I CERTIFY THE ABOVE INFORMATION IS CORRECT

NAME AND TITLE: *Michelle Reblitt, Deputy Executive Director*

AUTHORIZED SIGNATURE: *[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.