

STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM ANNUAL COURSE ROSTER

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): C4 - Commercially Sexually Exploited Children in Los Angeles	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": Michelle Guymon	11. TOTAL PARTICIPANTS: 46
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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/PROMOTER REPRESENTATIVE ONLY)	16. EMAIL (optional)* (PLEASE PROVIDE YOUR EMAIL ADDRESS. STC MAY CONTACT YOU REGARDING THIS COURSE.)
1. PHON, TILOO		LA CO Probation	4	
2. PELEON, ALEXANDER		LA CO Probation	4	
3. MORA, EUGENIA		LA CO Probation	4	
4. MORAN, ROSA		LA CO Probation	4	
5. MURPHY, SHENITHA		LA CO Probation	4	
6. MUNGUA, EMILIA		LA County Prob	4	
7. SANDRAL, MELINE		LA County Prob	4	
8. SANTOS, DARA		LA County Prob	4	
9. UREA, JOHANN		LA County Probation	4	
10. ALFONSO, ADRIAN		San Bernardino Co. Probation	4	
11. BRIMON, KIM		San Bernardino Co. Probation	4	
12. GAYNE, ROSSIE		San Bernardino Co. Probation	4	
13. MILAN, NEAT		LA CO Probation	4	Milan.neat@probation.lacounty.gov
14. CASTILLO, ALEXANDER		LA County Probation	4	
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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](http://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. roster2012

STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM ANNUAL COURSE ROSTER

(NOT FOR CORE COURSE USE)

1. CERTIFICATION NUMBER 5750-08-349	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	ATTN: STC FIELD REPRESENTATIVE Sara Dunham
7. COURSE TITLE (2 lines of text only) C4 - Commercially Sexually Exploited Children in Los Angeles			8. TRAINING PROVIDER CPPCA	9. TELEPHONE NUMBER (916) 448-5810 x 1		PAGE (S) 2 OF 4
10. PLEASE LIST ONLY INSTRUCTORS FOR THIS COURSE PRESENTATION. DO NOT WRITE "VARIOUS"			11. TOTAL PARTICIPANTS 46		16. EMAIL (optional)* (PLEASE PROVIDE YOUR EMAIL ADDRESS. STC MAY CONTACT YOU REGARDING THIS COURSE.)	

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. Grunaga, Vermin		CPCE - Pomona	4	
2. BOZANICH, CHRIS		CDP - Pomona	4	
3. Latimer, Tom		CPB - Pomona	4	
4. CALAIS, TONYA		LACO PROBATION	4	
5. Peoples, Shadelle		LACO PROBATION	4	
6. Osborn, Tim		LACO PROBATION	4	
7. Osmond, James		LACO PROBATION	4	
8. THOMPSON, KARA		LACO PROBATION	4	
9. Kim FORDS		LACO PROBATION	4	
10. Rodriguez, Silvia		CDCL PROBATION	4	
11. WENZEL, MIKE		CDER PROBATION	4	
12. Monica Garcia		LACO PROBATION	4	
13. Allen, Matthew		LACO PROBATION	4	
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17. I CERTIFY THE ABOVE INFORMATION IS CORRECT

NAME AND TITLE Michelle Keshatt Deputy Executive Director	AUTHORIZED SIGNATURE 	DATE 9-17-15
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**ANNUAL COURSE ROSTER**

STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM

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	PAGE(S) 3 OF 4
7. COURSE TITLE (2 lines of text only) C4 - Commercially Sexually Exploited Children in Los Angeles			8. TRAINING PROVIDER CPPCA	9. TELEPHONE NUMBER (916) 448-5810 x 1		11. TOTAL PARTICIPANTS 46

10. PLEASE LIST ONLY INSTRUCTORS FOR THIS COURSE PRESENTATION. DO NOT WRITE "VARIOUS"  
Michelle Gwynn

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. FLEETO FLEAS, SWAN		LA COUNTY PROBATION	4	
2. VILLEGAS, DAVIS		LA Co Probate	4	
3. LARIN, JAWANA		LA County Probation	4	
4. LEE, BRANDON		Soroma Buddy Probate	4	
5. HASTRUS, SHARON		LA County	4	
6. MRID, M		LA Probation	4	
7. LIZABETHA, SMAA		LA County Probation	4	
8. ROBINSON, ALEXIS		LA COUNTY PROB	4	
9. ROJAS, MARINE		LA Co Prob	4	
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17. I CERTIFY THE ABOVE INFORMATION IS CORRECT

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

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ANNUAL COURSE ROSTER

STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM  
(NOT FOR CORE COURSE USE) **LEMON 192**

ATTN: STC FIELD REPRESENTATIVE  
Sara Dunham

1. CERTIFICATION NUMBER: 5759-081349  
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8. TRAINING PROVIDER: CPPCA

9. PAGE (S) 4 OF 4  
10. TELEPHONE NUMBER: (916) 448-5810 x 1  
11. TOTAL PARTICIPANTS: 46

Michele Guyman

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. LEMON, DYNEL	<i>[Signature]</i>	LA CO PROB	4	
2. Vasquez Luis	<i>[Signature]</i>	LA CO PROB	4	
3. Sanders Kendra	<i>[Signature]</i>	LA CO PROB	4	
4. PRUNARD, GALE	<i>[Signature]</i>	LA CO PROB	4	
5. WESTON, PEBBY	<i>[Signature]</i>	LA CO PROB	4	
6. <del>WINT, MICHAELE</del>	<i>[Signature]</i>	SAN BERNARDINO	4	
7. ED JOHNSON	<i>[Signature]</i>	L.A. PROBATION	4	
8. BOIK, TAs	<i>[Signature]</i>	LA PROBATION	4	
9. boback, Cabillo	<i>[Signature]</i>	LA Probation	4	
10. VELASCO, RAOUFO	<i>[Signature]</i>	LA PROBATION	4	
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17. I CERTIFY THE ABOVE INFORMATION IS CORRECT

NAME AND TITLE: **Michele Nesbitt Deputy Executive Director**  
 AUTHORIZED SIGNATURE: *[Signature]*  
 DATE: 9-17-15

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