



State of South Carolina

**OVSEC****Office of Victim Services  
Education and Certification**

Is this an application for a new training program or a renewal of a current training program?

\* ☒ Renewal of previously approved program

Previous Course #

If this training is part of a conference, please enter the Conference Name:

A Comprehensive Overview of Adult &amp; Child Sexual Assault

\* Conference Start Date:

04/22/2016

\* Conference End Date:

04/22/2016

Training Location

\*

# of participants ☐

If a single workshop, fill in workshop information (Do not need to fill-in Conference Information.)

Workshop Title:

Workshop Start Time: Workshop End Time

Presenter:

Remove

Add Another Workshop

Sponsoring Organization:

\* Organization

\* Address Line 1

Address Line 2

\* City

\* State

\* Zip

Work Phone

\* Email

Point of Contract For the Sponsoring Organization - Click Add Additional Person (Required)

Add ~~Additional Person~~*Add point  
of  
contact*

Training Web Address:

List this training on OVSEC Website?

☐[Submit Application](#)