



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 & 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