



**Office of Victim Services  
Education & Certification**

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# VICTIM SERVICE PROVIDER TRAINING SIGN-OUT SHEET



**Sponsors:** These sign-out sheets should be signed upon the completion of your training or at the end of each section, if that applies. Please return the completed sign-out sheet(s) within 30 days after the educational program. The program evaluation(s) must accompany the sign-out sheet(s) in order for credit to be posted to the participant's continuing education record.

Course Sponsor: **SC Victim Assistance Network**

Course Date(s): **August 25, 2016**

Course Title: **SC Immigrant Victim Coalition Training**

Course Location: **West Columbia, SC**

Course Credit Hours: **2.00** Course #: **321**

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Individuals are required to print their name clearly, sign and list agency and victim service provider (VSP) number in order to receive credits.

**Credit will not be given if VSP number is not documented on this sign-out sheet.**

	Print Name	Signature	Agency	VSP #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Course Title **SC Immigrant Victim Coalition Training**

Course Dates: **August 25, 2016**



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**Credit will not be given if VSP number is not documented on this sign-out sheet.**

	Print Name	Signature	Agency	VSP #
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____
21.	_____	_____	_____	_____
22.	_____	_____	_____	_____
23.	_____	_____	_____	_____
24.	_____	_____	_____	_____
25.	_____	_____	_____	_____