



**Office of Victim Services
Education & Certification**
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VICTIM SERVICE PROVIDER, NOTIFIER / SUPPORT STAFF 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: NCVC Medical University of South Carolina

Course Date(s): December 9, 2016

Course Title: Project Best - a Community-Based Learning Collaborative

Course Location: Beaufort, SC

Course Credit Hours: 5.5

Course #: 0772

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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 Project BEST - a Collaborative

Course Dates: December 9, 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.	_____	_____	_____	_____