



Oklahoma Department of Corrections Training Course Roster

Course: Counseling Techniques

Course Codes: DOC 402

Training Credit: 1 hour

Activity Code: _____
(To be filled out by Training Officer)

Thank you for completing this course. Please print, complete the information below, scan and email the completed form to your training officer and supervisor. All information is required.

Date: _____

Are You CLEET Certified? Yes No

CLEET Certification Number: _____

Last Name: _____

First Name: _____

Job Title: _____

Work Location: _____

Phone Number: _____

Employee ID: _____

Employee Signature: _____

Per DOC Policy 100101, Section 8B, "At no time will an employee or trainer sign or initial the roster for another employee." Actual dates of the training will be recorded on the rosters and in the COR ELM Oracle system. Employees who falsify training dates may face disciplinary actions

Date Received by Training Officer: _____

Date Entered in PeopleSoft-ELM: _____