

ROSTER OF PARTICIPANTS—FOR VENDOR USE ONLY- ICTP OR CEU COURSES

ADMINISTRATOR CERTIFICATION PROGRAM

Instructions: Upon ACS request, vendors must submit a copy of the complete roster of participants to CDSS, ACS, 744 "P" Street, MS 9-14-47, Sacramento, CA 95814. Copy this form as needed for additional space. For ICTPs, have a separate roster for each day. Keep the originals for your files.

(1) **Type of Program and Vendorship:** (Select one box.) ARF ICTP (735-1) GH ICTP (730-1) RCFE ICTP (740-1) STRTP ICTP (725-1) ARF CEU (735-2) GH CEU (730-2) RCFE CEU (740-2) STRTP CEU (725-2)

(2) **Vendor and Course Information:** (Please print.) Organization/Business Name: _____ Vendor #: _____

Course Name: _____ Date: _____ Location: _____

Instructor Names(s): _____ CEU Course #: _____

(3) **Participant Roster:** (Please print.)

Last Name of Participant (Print)	First Name & Middle Initial of Participant	Phone Number	Facility Name or Facility License #	Time In
Address		City	Zip Code	E-mail Address
Last Name of Participant (Print)	First Name & Middle Initial of Participant	Phone Number	Facility Name or Facility License #	Time In
Address		City	Zip Code	E-mail Address
Last Name of Participant (Print)	First Name & Middle Initial of Participant	Phone Number	Facility Name or Facility License #	Time In
Address		City	Zip Code	E-mail Address
Last Name of Participant (Print)	First Name & Middle Initial of Participant	Phone Number	Facility Name or Facility License #	Time In
Address		City	Zip Code	E-mail Address
Last Name of Participant (Print)	First Name & Middle Initial of Participant	Phone Number	Facility Name or Facility License #	Time In
Address		City	Zip Code	E-mail Address
Last Name of Participant (Print)	First Name & Middle Initial of Participant	Phone Number	Facility Name or Facility License #	Time In
Address		City	Zip Code	E-mail Address

(4) **Vendor Certification:** I declare that the foregoing information is true and correct to the best of my knowledge.

Signature of Vendor/Authorized Representative	Printed Name of Vendor /Authorized Representative	Title	Date	Total # Roster Pages enclosed:
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