

Board of State & Community Corrections

Obtaining STC Credits

Presented by

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STC Field Representative

CJPA Conference 2024

BSCC HISTORY

Established by Senate Bill 92 (2012)

- Formerly Board of Corrections and Corrections Standards Authority

Agency Charge:

- Statewide leadership
- Technical assistance
- Promote effective partnerships

13-Member Board

- Who is on the Board?
- What do they do?

BSCC DIVISIONS

- ❖ **County Facilities Construction**
- ❖ **Facilities Standards and Operations**
- ❖ **Standards and Training for Corrections**
- ❖ **Admin, Research, & Program Support**
- ❖ **Corrections Planning and Grant Programs (CPGP)**

BENEFITS OF STC PARTICIPATION

- ❖ **Funding**
- ❖ **Selection and Training Standards**
- ❖ **Course Certification System**
- ❖ **STC-Delivered Training**
- ❖ **Technical Assistance and Support**

CERTIFICATION TYPES

	RFC	IFT	WRE	SC
Of annual training hours required, the maximum allowable to fulfill this requirement:	100%	100%	50%*	100%
Maximum # of approvable STC hours	N/A	2	N/A	N/A
Are tuition charges allowable?	Yes	No	No	No
Are travel and per diem charges allowable?	Yes	No	No	No
Are replacement cost charges allowable?	Yes	No	No	No

* Except for the classifications of manager or administrator, no other classifications may receive more than ½ their annual training hours from WRE certification.

RECORD KEEPING

STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM				COURSE ROSTER		
COURSE TYPE: <input type="checkbox"/> RFC ANNUAL <input type="checkbox"/> CORE <input type="checkbox"/> WRE <input type="checkbox"/> SPECIAL CERTIFICATION <input type="checkbox"/> IFT <input type="checkbox"/> STC CERTIFIED CONFERENCE						
1. CERTIFICATION NUMBER	2. COURSE START DATE	3. COURSE END DATE	4. LOCATION	5. CERTIFIED HOURS	6. EXPIRATION DATE	PAGE (S) OF
7. COURSE TITLE (2 lines of text only)			8. TRAINING PROVIDER		9. TELEPHONE NUMBER	
10. PLEASE LIST ONLY INSTRUCTORS FOR THIS COURSE PRESENTATION.						
11. NAME (LAST, FIRST, MIDDLE INITIAL) (TYPE OR PRINT LEGIBLY)	12. TRAINEE SIGNATURE	13. COMPLETE NAME OF AGENCY	14. HOURS ATTENDED	15. CORE COURSE ONLY: SATISFACTORY COMPLETION		
				YES	NO	
1.						
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16. I CERTIFY THAT ALL COURSE ATTENDEES LISTED ABOVE HAVE SUCCESSFULLY COMPLETED THE COURSE REQUIREMENTS (AND TESTING, IF APPLICABLE).

NAME AND TITLE	AUTHORIZED SIGNATURE	DATE
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*IF YOU WOULD LIKE TO SUBMIT ADDITIONAL COMMENTS, SUGGESTIONS, OR INPUT REGARDING THIS OR ANY OTHER STC COURSE, GO TO STC WEBSITE AND COMPLETE OUR **COURSE COMMENT FORM**. THIS MAY BE DONE ANONYMOUSLY OR YOU HAVE THE OPTION TO HAVE AN STC REPRESENTATIVE CONTACT YOU.

roster2021

ANY
QUESTIONS
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