



EPIC CoP Roster

700 Kipling St. 4th Floor
Lakewood, CO 80215
Phone: (303) 239-4307

Date:	Host: Office/ Facility:
Hours:	Street Address:
	City/Zip:
Facilitator Name(s):	

NOTE: Facilitators are responsible for ensuring that all items are fully completed by participants. The information provided **MUST** be complete, accurate and legible.
EPIC will return illegible or incomplete rosters to the Facilitator listed above for resubmission.

Facilitator(s) Signature:				Date:	DOC Training Credit Posted by:		Date:
	Print Name (Last, First)	Agency Behavioral Health (BH) Community Corrections (CC) DOC Institutions (DOC – I) DOC Parole (DOC – P) Probation (P) Other (O)	Participant's Office/ Facility	Email	Training ID (DOC Only)	First CoP? If Yes: please see other side	Signature
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If this is your first time attending a CoP, please complete the following legibly

Print Name (Last, First)	Office/Facility Name & Address	Race/ Ethnicity	Gender	Job Title/Level in Agency (Line, Supervisor, Manager, etc)	Supervisor Name/Title & Contact information (phone, email)	Are you a Supervisor? Yes No