

SOUTH CAROLINA CORONER/DEPUTY CORONER  
RECORD OF CONTINUING EDUCATION

Employee Name: \_\_\_\_\_ County of \_\_\_\_\_ Year \_\_\_\_\_

Position \_\_\_\_\_ Last 4 of SSN# \_\_\_\_\_

<b>Date</b>	<b>Course Title</b>	<b>Main Instructor</b>	<b>Location</b>	<b>Certificate Received</b>	<b>Hours</b>

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coroner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and mail to Greg Shore, Training, SC Coroners Association, PO Box 12304, Columbia, SC, 29211 by December 31<sup>st</sup> of each year.