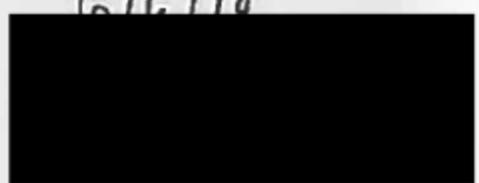


10/27/21

... SUICIDE

6/6/19



Sign-In Sheet

Name	Signature
J. Noel	BOP 01232 6-26-2019



22.21

STU Suicide Prevention Training (1hr) 2/28/19

Box #



19019

44099

60107

57709

57977

50615

50396

59262

59464

43834

8

**MCC NEW YORK  
TRAINING PARTICIPANT SIGN-IN LOG**

COURSE TITLE: Suicide Prevention/SHU Training COURSE CODE: \_\_\_\_\_

TRAINING DATE(S): From: December 7, 2018 To: December 7, 2018 TOTAL TRNG HRS. 4.6

TRAINING TIME: From: [REDACTED] To: 12:00pm

INSTRUCTOR(S) [REDACTED] NOTE: INSTRUCTOR(S) MUST ATTACH AGENDA OR SUMMARY OF TRAINING

LAST NAME (PRINTED)	FIRST NAME (PRINTED)	BOP ID	SIGNATURE	OFFICE USE
[REDACTED]	[REDACTED]	60109	[REDACTED]	
[REDACTED]	[REDACTED]	14997	[REDACTED]	
[REDACTED]	[REDACTED]	44099	[REDACTED]	
[REDACTED]	[REDACTED]	57355	[REDACTED]	
[REDACTED]	[REDACTED]	60107	[REDACTED]	
[REDACTED]	[REDACTED]	18797	[REDACTED]	
[REDACTED]	[REDACTED]	18945	[REDACTED]	
[REDACTED]	[REDACTED]	59463	[REDACTED]	
[REDACTED]	[REDACTED]	59464	[REDACTED]	
[REDACTED]	[REDACTED]	59282	[REDACTED]	
[REDACTED]	[REDACTED]	52396	[REDACTED]	
11.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

By signing above you attest to not only attending the above named training course, but also to understanding the course material, policies and procedures pertaining to the training.

**SENSITIVE - LIMITED OFFICIAL USE**



---

---

---

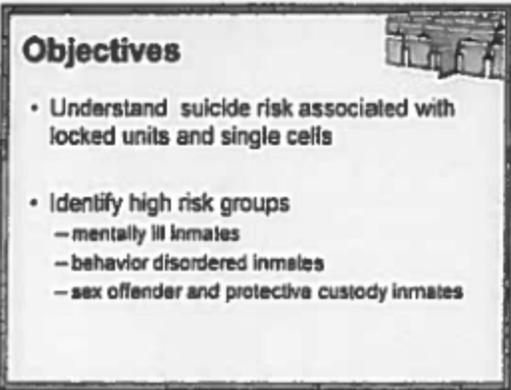
---

---

---

---

---



---

---

---

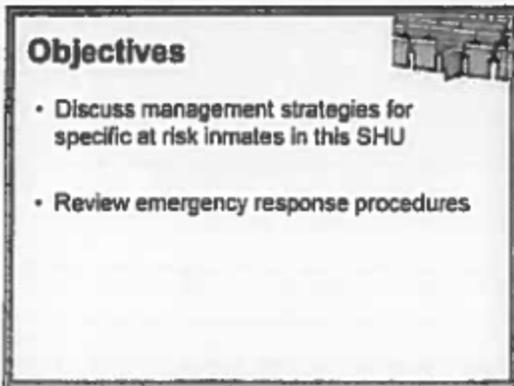
---

---

---

---

---



---

---

---

---

---

---

---

---