

SOUTH CAROLINA CORONER/DEPUTY CORONER
RECORD OF CONTINUING EDUCATION

County of _____ Year _____

Employee Name: _____ Position _____

SS# _____

Date	Course Title	Main Instructor	Location	Certificate Received	Hours

Employee's Signature: _____ Date: _____

Coroner's Signature: _____ Date: _____

Please complete this form and mail to Denise Fenters, Association Manager, SC Coroners Association, PO Box 12304, Columbia, SC 29211 by December 31st of each year. Cell # (803) 206-4443.