



NCAST PCI Recertification CLASS ROSTER

FOR OFFICE USE ONLY			
Learner List	_____	_____	_____
Feeding Renewal	_____	_____	_____
Teaching Renewal	_____	_____	_____

Instructor _____ PCI Scale *Recertification* Course _____
 City & State _____ Year _____
 Daytime Phone _____ Feeding Class Dates _____
 E-mail Address _____ Teaching Class Dates _____

NOTE TO INSTRUCTOR: Please complete and return this roster and your class recertification forms with the original Feeding and/or Teaching Scales attached. Send the completed roster and forms to: NCAST-AVENUW, University of Washington, Box 357920, Seattle, WA 98195-7920.

LEARNER NAME, ADDRESS, & EMAIL (Please print clearly)	GENERAL INFORMATION	FOR OFFICE USE ONLY		
		FEEDING	TEACHING	LETTER SENT/PAID
	Circle the following that apply: I am taking: FEEDING only TEACHING only BOTH LAST Reliability Obtained: YEAR _____ INSTRUCTOR _____ CITY _____			
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	Circle the following that apply: I am taking: FEEDING only TEACHING only BOTH LAST Reliability Obtained: YEAR _____ INSTRUCTOR _____ CITY _____			

LEARNER NAME, ADDRESS, & EMAIL

(Please print)

GENERAL INFORMATION

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FEEDING

TEACHING

LETTER
SENT/PAID**Circle the following that apply:**

I am taking: FEEDING only TEACHING only BOTH

LAST Reliability Obtained: YEAR _____

INSTRUCTOR _____

CITY _____

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