



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Office of Private Education
Old Capitol Building
PO BOX 47200
Olympia WA 98504-7200
(360) 725-6433 TTY (360) 664-3631

INSERVICE APPROVAL AND RECORDKEEPING 2011-12

Due Date: 7/14/11

NAME OF APPROVED PRIVATE SCHOOL, ORGANIZATION, DISTRICT	NAME OF CHIEF ADMINISTRATIVE OFFICER
ADDRESS	TITLE
	TELEPHONE NUMBER

Person responsible for required recordkeeping according to WAC 181-85-205

NAME OF SCHOOL, INSERVICE DESIGNEE	TITLE
MAILING ADDRESS (if different from above)	

ASSURANCE

I, _____, certify that the above-named private school, organization, or district will comply with the continuing education program approval standards and required recordkeeping regulations, specified in Professional Certification Continuing Education Requirement, chapter 181-85 WAC, and that written records for each program standard will be maintained and be available for OSPI inspection for a period of seven calendar years from the date of each approved inservice program offered.

SIGNATURE OF CHIEF ADMINISTRATIVE OFFICER

DATE

FOR APPROVAL BETWEEN OCTOBER 1, 2011, AND SEPTEMBER 30, 2012

Return this form by July 14, 2011, to:

Office of Superintendent of Public Instruction
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PO BOX 47200
OLYMPIA WA 98504-7200