

Date Requested:

Career and Technical Education  
APPROVAL TO PROVIDE INSERVICE EDUCATION

Approval Date:   
Total Attendance:

All information must be completed on this form and submitted to OSPI **30 days in advance of inservice for approval.**  
Please do not handwrite. An agency approved by the State Board of Education to serve as a provider for inservice education programs will formulate a committee or board of directors to grant prior approval for proposed inservice education programs.

Request made by: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

Sponsoring Provider Name  
Office of Superintendent of Public Instruction

Address  
Career and Technical Education (CTE)  
Old Capitol Building  
PO BOX 47200  
Olympia, WA 98504-7200

Sponsoring Prov Contact (Must provide OSPI program contact)

Sponsoring Prov phone

Name of Instructors (Must provide resume or certification number)

Presenter(s)	Certification Number

Requesting approval for vocational clock hours: Yes  No

Detailed qualifications of instructor attached.  On file in the Vocational Certification Office.

**INSERVICE INFORMATION (conference, course, training, etc.)**

<u>TITLE</u>	
<u>First Date of Inservice</u>	<u>Last Date of Inservice</u>
<u>Time(s)</u>	<b>Notes:</b>
<u>Location</u>	

Total number of continuing clock hours:

Will participants have the option of using the offering for college or university credit? Yes  No

If yes, name of college or university: \_\_\_\_\_

**INSERVICE OUTCOMES AND/OR OBJECTIVES. Please provide a description of a minimum of two and a maximum of four outcomes/objectives of the inservice. Note: One objective must describe how the inservice will address nontraditional training and employment opportunities associated with these outcomes/objectives. Do not use attachments for outcomes/objectives and/or instructor name(s).**


**Note: One objective must describe how the inservice will address nontraditional training and employment opportunities associated with these outcomes/objectives.**

**EVALUATION FORM**

Using provider approved format

Special format attached which includes:

- extent to which written outcomes/objectives have been met,
- quality of the physical facilities,
- quality of the oral presentation by each instructor,
- quality of the written materials provided by each instructor.