

CSPD WORKSHOP ROSTER

Title: _____

Date: _____

Time: _____

Instructions to Participants: Please sign your name to verify attendance at this workshop. OPI renewal credit must be requested at this time; later requests for OPI certificates for this workshop will be denied. A minimum of 6 hours attendance is required to receive OPI renewal credit.

CREDIT (✓)

Name (PRINT)	School/ District	Position	Signature of Participant	OPI

CSPD WORKSHOP ROSTER

Title: _____

Name (PRINT)	School/ District	Position	Signature of Participant	OPI

Please return to CSPD Coordinator.
Roster cspd opi credit 7/01