

# OKLAHOMA STATE DEPARTMENT OF EDUCATION

BOARD MEMBER TRAINING

FIRST YEAR SUPERINTENDENT TRAINING

ORGANIZATION: \_\_\_\_\_ PRESENTER: \_\_\_\_\_ DATE OF TRAINING: \_\_\_\_\_

LOCATION OF TRAINING \_\_\_\_\_ DURATION OF TRAINING \_\_\_\_\_ REGISTRATION FEE \_\_\_\_\_

NAME	EMAIL	DISTRICT	POINTS EARNED

*Please email a scanned copy of this document to the SDE ACCREDITATION DIVISION upon completion of the training.*

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