

# Nonpublic District Provided Professional Development Opt In/Out Form

Nonpublic School Name: \_\_\_\_\_

Nonpublic School Code: \_\_\_\_\_

This nonpublic school opts IN to allow its educators to use District Provided Professional Development (DPPD) for certificate renewal.

By my signature, I verify:

1. I have reviewed the [February 24, 2015 memorandum](#) and understand the documentation requirements for my educators to use DPPD for certificate renewal.
2. The district agrees to comply with all Michigan Department of Education documentation and auditing requirements related to DPPD.
3. The school/district maintains sufficient documentation of each DPPD activity for auditing.

Authorized District Official: \_\_\_\_\_  
(PRINTED)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

This nonpublic school opts OUT and does not agree to allow its educators to use District Provided Professional Development (DPPD) for certificate renewal.

Authorized District Official: \_\_\_\_\_  
(PRINTED)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

This form may be returned via email to [MDE-EducatorHelp@michigan.gov](mailto:MDE-EducatorHelp@michigan.gov) or fax to 517-241-1670.