

Virginia Freedom of Information Advisory Council

Commonwealth of Virginia

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**Application for Approval of a FOIA Training Course**

Course Sponsor:

Contact Information for Course Sponsor

Name of contact person:

Email address:

Phone number:

Course Title:



|  |  |  |
| --- | --- | --- |
| Topics Covered |  | |
| Public Records: | Yes | No |
| Public Meetings: | Yes | No |
| Remedies/Litigation: | Yes | No |

Other (please specify):

Date(s) of Training:

Intended Audience

FOIA Officers: Yes No Local Government: Yes No State Government: Yes No Citizens/Public: Yes No Media Representatives: Yes No



Other (please specify):

Brief description of course materials (please send the materials or include a link to the materials):

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Presenter(s) (brief biography or description of qualifications):

Delivery method(s)



In person: Yes No Virtual: Yes No Prerecorded: Yes No



Other (please specify):

Method of monitoring attendance:

Has this course or a prior version previously been approved by the FOIA Council?

Yes No  If so, when?

Has this course been approved for credit by another organization? Yes No

If Yes, please list each accrediting organization/amount and type of credit (for example, Virginia State Bar/1.5 hours Continuing Legal Education or Virginia Municipal Clerks Association/1 Institute point):