

Approval Verification Form for Educators Leaving an Ohio Local Professional Development Committee (LPDC)

The following educator had an approved Individual Professional Development Plan (IPDP):

Name of Educator (print)	Educator State ID	Birthdate
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I verify the educator has completed the following from _____ to _____ .
Date Date

_____ college/university **semester** hours
 _____ college/university **quarter** hours
 _____ LPDC approved professional development activities (CEUs)
 _____ LPDC approved contact hours

LPDC Coordinator/Designee Signature	Date
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Please print:

Name of Authorized Signer _____

Name of School/District _____

LPDC IRN _____

Name of LPDC _____

LPDC Chairperson _____

Chairperson phone number _____

Chairperson email address _____

Please **UPLOAD** this completed form through your SAFE account. Go to ODE.CORE > My Educator Profile > My Documents to upload this form.