

## 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.