

**Approval Verification Form
For Educators Leaving a LPDC**

This verifies that the following educator had an approved Individual Professional Development Plan and that

_____ (print - name of educator) _____ (Educator ID) _____ (birthdate)

has completed the following credits toward completion of the plan since _____ (date)

_____ college/university **semester** hours

_____ college/university **quarter** hours

_____ LPDC approved professional development activities (CEUs)

_____ (authorized signature) _____ (school/district IRN) _____ (date)

Please print:

Name of Authorized Signer _____

Name of School/District _____

LPDC IRN _____

Name of LPDC _____

LPDC chairperson _____

LPDC address _____

Chairperson phone number _____

Chairperson email address _____

Mail to: Office of Educator Licensure
25 South Front Street, Mail Stop 105, Columbus, Oh 43215-4183
Telephone 614-466-3593

6/2011