



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