

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

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

_____ Educator State ID _____ Birthdate _____
Name of Educator (print)

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

Yes No The applicant meets the State Board of Education's definition of consistently high-performing teacher.

_____ Date _____
LPDC Coordinator/Designee Signature

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.

Please be sure all required information is correct and included on the form. An incomplete form and/or incorrectly completed form will not be accepted, and a new form will be required.