OHIO HI-POINT
Career Center

Approval Verification Form
For Educators Leaving a LPDC

This verifies that the attached Individual Professional development Plan was approved , and that _____
(name of educator) **(social security number)**

_____

has completed the following credits toward completion of the plan since the date below:

_____
(date)

_____ college/university **semester** hours

_____ college/university **quarter** hours

_____ LPDC approved professional development activities (CEUs)

_____ _____
(authorized signature) **(date)**

Print name of Authorized _____

Signer Name of School _____

District Name of LPDC, if _____

different LPDC address _____

_____

LPDC contact person _____

LPDC telephone number _____