

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

	Educator State ID	Birthdate
I verify the educator has completed the followir	ng from Date	to Date
college/university semeste	r hours	
college/university quarter h	ours	
LPDC approved profession	al development activities (CEI	Us)
LPDC approved contact ho	urs	
Yes No The applicant meets the Sta	ate Board of Education's defin	nition of consistently high-performing teach
LPDC Coordinator/Designee Signature	Date	 e
Please print:		
Name of Authorized Signer		
Name of School/District		
LPDC IRN		
LPDC IRNName of LPDC		
Name of LPDC		

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.