

Educator Leaving an Ohio Local Professional Development Committee (LPDC) Verification Form

Educator Name

Educator State ID

The above named educator had an approved Individual Professional Development Plan (IPDP) and met renewal requirements in accordance with that IPDP as listed below from _____ to _____.

Number of college/university semester hours completed		
Number of college/university quarter hours completed		
Number of LPDC approved professional development CEUs		
Number of LPDC approved contact hours		
Yes	No	The educator meets the State Board of Education's definition of consistently high-performing teacher.

LPDC Coordinator/Designee Signature

Date

Please print:

Name of LPDC Coordinator/Designee
School/District Name
LPDC IRN
Name of LPDC
LPDC Chairperson Name
LPDC Chairperson Phone Number
LPDC Chairperson Email
<i>The educator must submit this completed form with his/her online application. Please be sure all required information is correct. An incomplete form and/or incorrectly completed form will not be accepted, and a new form will be required.</i>