

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

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.