

LPDC VERIFICATION FORM
TO RENEW or TRANSITION a LICENSE through ODE

Return this form to **Sharon Mays at West High School**

Name of LPDC **Lakota (Butler) LPDC**

Name of Applicant _____ Building _____
(Please Print)

	Enter issue date from the certificate or license to be renewed or transitioned. The issue date is located in the upper right hand corner of your certificate/license.	____/____/____	
Step 1	Enter semester hours earned since the issue date of the certificate or license to be renewed or transitioned	_____ x 30 =	_____
Step 2	Enter quarter hours earned since the issue date of the certificate or license to be renewed or transitioned	_____ x 20 =	_____
Step 3	Enter LPDC approved CEUs earned since the issue date of the certificate or license to be renewed or transitioned	_____ x 10 =	_____
Step 4	Enter the total number of contact hours earned through My Professional Exchange or PD Express since the issue date of the certificate or license to be renewed or transitioned	_____ x 1 =	_____

Note: TOTAL MUST BE AT LEAST 180. **TOTAL** _____

Signature of LPDC Chairperson _____ Date _____

Applicant's Signature _____ Date _____

If you are a school social worker, speech-language pathologist, nurse, occupational therapist, or physical therapist, do NOT send transcripts or CEUs. Instead, sign this form and attach a copy of your current valid license issued by the respective Ohio licensure board.