

# Reciprocity

## Approval Verification Form for Educators Leaving / Entering the Bellevue City Schools LPDC

Date

Last Name

First Name

Has completed \_\_\_\_\_ college/university semester hours and \_\_\_\_\_ local continuing education units totaling \_\_\_\_\_ hours towards completion of the IPDP.

Date

Authorized LPDC Signature \_\_\_\_\_

Name of School District

Name of LPDC if different

LPDC Address

LPDC Contact Person

LPDC Phone Number