

Workshop/Conference Post-Approval

Westlake City School District LPDC

Name: _____

Date: _____

Building: _____

Position: _____

Verification of Participation from Activity Sponsor (letter of attendance, signatures, certificate) must accompany this form for final issuance of CEU credit.

I. Workshop Provider:

II. Title of Workshop:

III. Workshop Objectives:

IV. Workshop Dates/Location:

V. Identify the IPDP goal met by the activity:

VI. Number of PDUs/CEUs requested:

LPDC USE ONLY:

Final Approval:

Number of CEUs awarded:

Revision Requested:

Reason:

LPDC Chairperson: _____

Date: _____