

Appendix 1

For Educators Leaving a LPDC Approval Verification Form

This verifies that the attached Individual Professional Development Plan was approved
on _____, and that _____ has completed
(date) (name of educator)
the following credits toward completion of the plan since the date above.

_____	College/University semester hours
_____	College/University quarter hours
_____	LPDC approved CEUs
_____	Credits for “other equivalent activities”

_____	_____
(Authorized signature)	(Date)

Print name of Authorized Signer _____

Name of School District _____

Name of LPDC, if different _____

LPDC address _____

LPDC contact person _____

LPDC telephone number _____