

LPDC VERIFICATION FORM

TO RENEW or TRANSITION a LICENSE through ODE

Return this form to: Kevin Carlin at Central office or kevin.carlin@lakotaonline.com

Name of LPDC: Lakota (Butler) LPDC

Name of Applicant: _____ **Building:** _____
(Please Print)

	Enter the 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 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.