

# Educator Leaving an Ohio Local Professional Development Committee (LPDC) Verification Form

Educator Name

Educator State ID

**This educator had an approved Individual Professional Development Plan (IPDP) and met renewal requirements in accordance with that IPDP as listed below beginning on this date: \_\_\_\_\_ and ending on this date: \_\_\_\_\_**

Number of college or university **semester hours** completed

Number of college or university **quarter hours** completed

Number of LPDC approved **professional development CEUs** (LPDCs are responsible for converting completed contact hours to CEUs)

Yes      No      The educator meets the State Board of Education's definition of consistently high-performing teacher.

LPDC Coordinator/Designee Signature

Date

**Please print:**

Name of LPDC Coordinator/Designee

School/District Name

LPDC IRN

Name of LPDC

LPDC Chairperson Name

LPDC Chairperson Phone Number

LPDC Chairperson Email

***The educator must submit this completed form with the online renewal application. Please be sure all required information is correct. An incomplete form or incorrectly completed form will not be accepted, and a new form will be required.***