

Union Local Schools

LPDC VERIFICATION FORM

For **CERTIFICATION** or **LICENSE RENEWAL**

Name of LPDC: Union Local LPDC (IRN 014359)

Name of Applicant: _____

Step 1: Enter issue date from your certificate or license to be renewed or transitioned	____/____/____
Step 2: Enter semester hours taken since the issue date of the certificate to be renewed or transitioned.	_____
Step 3: Enter quarter hours taken since the issue date of the certificate to be renewed or transitioned.	_____
Step 4: Enter Local Professional Development Committee approved CEUs earned	_____
Step 5: Total number of Professional Development hours verified (To be completed by the LPDC members)	_____

- The above named applicant has met the required number of professional development hours needed and is eligible for renewal.
- The above name applicant has not met the minimum requirements for renewal.

LPDC Verifying Signature _____ Date _____

(This verifies that the information stated on this form is correct and that the named educator is an employee of the district or schools the LPDC serves)

Applicant's Signature _____ Date _____