

**Approval Verification Form
For Educators Leaving a LPDC**

This verifies that the attached **Individual Professional Development Plan** was approved on _____ (date), and that _____ (name of educator) has completed the following credits toward completions 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 Signature _____

Name of School District _____

Name of LPDC, if different _____

LPDC address _____

LPDC contact person _____

LPDC telephone number _____