

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/PDUs:	
• Credits for other equivalent activities:	
TOTAL CEUs/PDUs:	Date:
Authorized Signature:	
Print Name of Authorized Signature:	
Name of School District: New Richmond Exempted Village School District	
Name of LPDC, if different: New Richmond Exempted Village School District LPDC	
LPDC address: 212 Market Street New Richmond, OH 45157	
LPDC contact person: Laura Prescott	
LPDC telephone number: (513) 553-3191 x 10200	