

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

This verifies that the attached Individual Professional development Plan was approved , and that

\_\_\_\_\_ (name of educator) \_\_\_\_\_ (social security number)

has completed the following credits toward completion of the plan since the date below:

\_\_\_\_\_ (date)

\_\_\_\_\_ college/university **semester** hours

\_\_\_\_\_ college/university **quarter** hours

\_\_\_\_\_ LPDC approved professional development activities (CEUs)

\_\_\_\_\_ (authorized signature) \_\_\_\_\_ (date)

Print name of Authorized Signer \_\_\_\_\_

Name of School District \_\_\_\_\_

Name of LPDC, if different \_\_\_\_\_

LPDC address \_\_\_\_\_

LPDC contact person \_\_\_\_\_

LPDC telephone number \_\_\_\_\_