

Lutheran Schools of Ohio

Approval Verification Form  
For Educators Leaving an LPDC

This verifies that the attached Individual Professional Development Plan (Form 1) was approved on

\_\_\_\_\_, and that \_\_\_\_\_ has completed  
(date) (name of educator)

the following credits toward completion of the plan since the date above.

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

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

\_\_\_\_\_ LPDC approved CEUs

\_\_\_\_\_ credits for "other equivalent activities"

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

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

Address of LPDC Signer \_\_\_\_\_

Phone Number of Signer \_\_\_\_\_

Lutherans Schools of Ohio

LPDC of the Lutheran Schools of Ohio