



FORM 5 – Approval Verification Form

Southern Ohio ESC/Region 14 – Hopewell Center Approval Verification Form for Educators Leaving the Southern Ohio ESC/Region 14 – Hopewell Center LPDC

This verifies that the following educator had an approved Individual Professional Development Plan (IPDP) with the Southern Ohio ESC/Region 14 – Hopewell Center LPDC, and that:

Educator State ID: _____ Birthdate: _____

Name: _____

Address: _____

has completed the following credits toward completion of the plan since: _____
(Date)

_____ College/University Semester Hours

_____ LPDC approved professional development continuing education units (CEUs)

_____ LPDC approved professional development contact hours

Name of School/District: Southern Ohio Educational Service Center

LPDC IRN: 008785 Name of LPDC: Southern Ohio ESC

LPDC Chairperson: _____

LPDC Address: 3321 Airborne Road, Wilmington, Ohio 45177

LPDC Chairperson Phone Number: _____

LPDC Chairperson E-mail Address: _____

Name of Authorized Signer: _____

Signature: _____