

Midwest Regional Educational Service Center Local Professional Development Committee

Verification of IPDP and Earned Contact Hours

This form to be used by Educator Leaving an LPDC.

The following educator had an approved Individual Professional Development Plan (IPDP):

Name of Educator (print)

Educator State ID

Birthdate

I verify the educator has completed the following from _____ to _____ .
Date Date

_____ college/university semester hours

_____ college/university quarter hours

_____ LPDC approved professional development activities (CEUs)

_____ LPDC approved contact hours

LPDC Coordinator/Designee Signature

Date

Please print:

Name of Authorized Signer _____

Name of School/District _____

LPDC IRN _____

Name of LPDC _____

LPDC Chairperson _____

Chairperson phone number _____

Chairperson email address _____