**LPDC VERIFICATION FORM**

**TO RENEW or TRANSITION a LICENSE through ODE**

Return this form to **\_\_\_\_\_Sharon Mays at West High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of LPDC **\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lakota (Butler) LPDC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Enter **issue date** from the certificate or license to be renewed or transitioned. The issue date is located in the upper right hand corner of your certificate/license. | \_\_\_\_/\_\_\_\_/\_\_\_\_ |  |
| Step 1  | Enter **semester** hours earned since the issue date of the certificate or license to be renewed or transitioned | \_\_\_\_\_\_ x 30 = | \_\_\_\_\_\_\_ |
| Step 2  | Enter **quarter** hours earned since the issue date of the certificate or license to be renewed or transitioned | \_\_\_\_\_\_ x 20 = | \_\_\_\_\_\_\_ |
| Step 3  | Enter LPDC approved **CEU**s earned since the issue date of the certificate or license to be renewed or transitioned | \_\_\_\_\_\_ x 10 = | \_\_\_\_\_\_\_ |
| Step 4  | Enter the total number of **contact hours** earned through My Professional Exchange or PD Express since the issue date of the certificate or license to be renewed or transitioned | \_\_\_\_\_\_ x 1 = | \_\_\_\_\_\_\_ |

Note: TOTAL MUST BE AT LEAST 180. **TOTAL**  \_\_\_\_\_\_\_\_\_

Signature of LPDC Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

If you are a school social worker, speech-language pathologist, nurse, occupational therapist, or physical therapist, do NOT send transcripts or CEUs. Instead, sign this form and attach a copy of your current valid license issued by the respective Ohio licensure board.

 LLSD Ver. Form

 Rev.10/15