

**APPLICATION OF LPDC VERIFICATION**

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

Building \_\_\_\_\_ Position \_\_\_\_\_

**IPDP MUST BE ATTACHED**

Verification: Attach any brochure or course description you have and obtain the signature of the instructor to verify your participation.

**Instructor's Signature** \_\_\_\_\_

Instructor's Title \_\_\_\_\_ Phone \_\_\_\_\_

Describe how this workshop furthers your plans for Professional Development (you may attach another sheet of paper if necessary)

I affirm that all the information on this form is accurate:

Signature of the participant \_\_\_\_\_ Date \_\_\_\_\_

**Please return to Superintendent's Office**

Committee Action:

\_\_\_\_\_ Semester Credit granted when transcript is submitted to Superintendent's Office.

\_\_\_\_\_ CEU granted or \_\_\_\_\_ PDU granted

\_\_\_\_\_ Application denied for the following reasons:

Signature of LPDC member \_\_\_\_\_ Date \_\_\_\_\_