Stow-Munroe Falls LPDC Verification of Completion Form

| Last | First | MI | Maiden | |
|--|----------------------------|--------------------------|-----------------------------|------------|
| Phone: | | | | |
| Certificate/License due for r | enewal: | | | |
| Expiration Date: | Edu | icator State ID: | | |
| Present Assignment: | | Building: | | |
| Please indicate the number of hours for each type. | of items of each type | you are attaching to | this form, as well as a to | tal number |
| All do | ocumentation has been | n submitted through | online approval. | |
| Numl | per of Transcript; Tota | al Hours | | |
| Numl | per of Contact Hour co | ertificates; Total Co | ntact Hours | |
| Numl | per of Professional Ac | ctivity Logs; Total H | lours on log | |
| Numl | per of Product and/or | Summary Reports | | |
| I certify that I have comple All verification items are a | _ | • | Professional Developn | aent Plan. |
| Educator Signature | Date | | | |
| I verify the above applican | at has completed at l | east the minimum | requirements for licens | e renewal |
| LPDC Chairperson | Date | | | |
| Note: This process is not complete | e until your renewal proce | ess is completed through | your OH ID account on the G | ODE |

*Forms RA-2 RA-3

Website.