

# Columbiana County Educational Service Center

## Educators Leaving CCESC Verification Form

This verifies that the following educator had an approved Individual Professional Development Plan

_____	_____	_____
Name of Educator (please print)	Educator ID	Birthdate
has completed the following credits toward completion of the plan since _____		(date)
_____ college/university	<b>semester</b> hours	
_____ college/university	<b>quarter</b> hours	
_____ LPDC approved professional development contact hours	CEU	
_____	046417	_____
Authorized Signature	School/District IRN	Date

### **Please print**

Name of Authorized Signer	_____
Name of School/District	Columbiana County Educational Service Center
LPDC IRN	013593
LPDC Chairman	_____
LPDC Address	38720 Saltwell Road
	Lisbon, Ohio 44432
Chairman phone number	(330) 424-9591
Chairman e-mail address	_____