"Other Activity" Continuing Education Unit: Request for District LPDC Approval

Last Name:	First Name:	M.I
Social Security # (Used for Cert	tificate Verification):	
School Phone:	Home Phone:	
	are seeking locally approved Cl workshop, complete this section:	
for those that have been pre-app district educators towards meeting	check the <u>Pre-Approved Profession</u> proved by your LPDC as legitimate their goals.	e activities to be used by
	y hours that you will or have inve	
c. Gain the signature of a distr your estimation of those activity	rict administrator or colleague w hours:	ho can verify and affirm
Signature:	Title:	
	activity improved your profession lity of your school district? He the reverse side to continue.	
e. Attach a copy of any work pr	roducts that have resulted from y	our activity.
	ation that you think might help your redit for these Other Activities.	our LPDC to review and
Educator Signature:	Da	ate:
LPDC Signature:	D	ate: