

**XENIA COMMUNITY SCHOOLS
LPDC APPLICATION FOR CERTIFICATION / LICENSURE**

Name _____ SS# (last 4 digits) _____

Building _____ Current Position _____

Certificate/License Held _____ Expiration Date _____

I want to (check one):

Move from certification to licensure

Renew my 2 yr. Provisional License

Renew my first 5 yr. Professional License

Renew my second 5 yr. Professional License

My current PDP was approved on _____ . Since that time, I have earned:

_____ **Semester Hours**

_____ **Quarter Hours**

_____ **CEUs**

TO BE COMPLETED BY THE LPDC IN REVIEWING THE INDIVIDUAL'S PORTFOLIO

9 PDP is included in the portfolio.

NO: _____

9 Pre-approval forms are included for each activity.

NO: _____

9 Activities meet the criteria found in the LPDC Options.

NO: _____

9 The applicant has not exceeded the maximum credits/CEUs in any category.

NO: _____

9 The applicant has earned the required hours for licensure.

NO: _____

9 Official transcripts and/or certificates verify hours.

NO: _____

9 All reflection reports are acceptable.

NO: _____

***** **LPDC USE ONLY** *****

Date Submitted: _____ Date Reviewed: _____ Approved _____ Rejected _____

Revisions needed:

LPDC Member Signature _____