**LPDC VERIFICAITON FORM**

**TO RENEW or TRANSITION a LICENSE through ODE**

**Return this form to**: Kevin Carlin at Central office **or** kevin.carlin@lakotaonline.com

**Name of LPDC:** Lakota (Butler) LPDC

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building:\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Please Print)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Enter the **issue date** from the certificate or license to be renewed or transitioned. The issue date is located in the upper right hand corner of your certificate/license. | **\_\_\_/\_\_\_/\_\_\_** |  |
| Step 1 | Enter **semester** hours earned since the issue date of the certificate or license to be renewed or transitioned. |  **\_\_\_\_ x 30 =** |  **\_\_\_\_\_\_** |
| Step 2 | Enter **quarter** hours earned since the issue date of the certificate or license to be renewed or transitioned. | **\_\_\_\_ x 20 =** |  **\_\_\_\_\_\_** |
| Step 3 | Enter LPDC approved **CEUs** earned since the issue date of the certificate or license to be renewed or transitioned. | **\_\_\_\_ x 10 =** |  **\_\_\_\_\_\_** |
| Step 4 | Enter the total number of **contact** **hours** earned through PD Express since the issue date of the certificate or license to be renewed or transitioned. | **\_\_\_\_ x 1 =** |  **\_\_\_\_\_\_** |

Note: **TOTAL MUST BE AT LEAST 180**. **TOTAL** **\_\_\_\_\_\_\_\_\_**

 Signature of LPDC Chairperson **\_\_\_\_\_\_\_** Date\_\_\_\_\_\_\_\_\_

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

If you are a school social worker, speech-language pathologist, nurse, occupational therapist, or physical therapist, do NOT send transcripts or CEUs. Instead, sign this form and attach a copy of your current valid license issued by the respective Ohio Licensure board.

 LLSD Ver. Form Rev 10/15