

Wood County LPDC Consortium Group 2 Activity Verification Form

Name _____ Date _____
 Employing District _____ IPDP Approval Date _____
 Building/Assignment _____

1. Coursework Completed

Three CEUs earned for every one semester hour or two CEUs for every one quarter hour.
 An OFFICIAL TRANSCRIPT is required for verification.

Semester Hours Completed = _____ X 3 = _____ CEUs Earned

Quarter Hours Completed = _____ X 2 = _____ CEUs Earned

2. Workshops Attended

List each workshop attended. Include the number of hours and attach the CERTIFICATE OF ATTENDANCE for your verification.

DATE	ACTIVITY	CONTACT HRS	CEUs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL CEUs			_____

DATE

ACTIVITY

CONTACT HRS

CEUs

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL CEUs _____