

Reciprocity Form for Educators Leaving Amherst LPDC

This verifies that the attached Individual Professional Development Plan (IPDP) was approved on _____ and that (name) _____ has completed _____ college/university semester hours and _____ local continuing education units (CEUs) toward the completion of this plan.

Date

Name of Amherst LPDC Chairperson

Amherst LPDC Chairperson's Signature

Attachment: Official Professional Development (CEU) Transcript

Amherst LPDC
185 Forest Street
Amherst OH 44001

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