



**Continuing Education Unit Options
Pre-Approval Form
(OPTIONAL)**

1. Name _____
2. Date of Application _____ Date of IPDP Approval _____
3. Name of Option _____
4. Name of Presenter (if applicable) _____
5. Sponsored By _____
6. CEU/Contact Hours of Option _____
7. Provide any additional information for LPDC to consider for approval or not approval.

LPDC will review for approval. The issuance of a CEU certificate does not indicate that the CEU will be approved for your LPDC plan. All in-service programs must align with goals of your IPDP. When your IPDP's course/activity is submitted for final submission, the LPDC will determine if alignment with goals were met. It is the educator's responsibility to document and maintain records of their participation in CEU Activities and to provide necessary certificates/documentation requested by LPDC.

_____ Option Approved

_____ Option Not Approved

LPDC Chairperson Signature

Date

****This is a pre-approval form only and not necessary for Options already completed. Educator can submit this form for prior approval to ensure LPDC approval prior to completing the option. Completion of form is optional.***