Documentation for Final Review for Licensure

Name: _____ IPDP Approval Date: _____

License(s): _____ Alignment? ____ (yes or no)

NOTE: Transcripts/documentation must be attached with corresponding coursework highlighted and in chronological order.

Course/Activity	University and Credits	CEU's/Contact Hours	Date of Activity
Please give a description of the course or PD activity and identify which goal it meets in your IPDP.			

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Note: Total of 6 semester/18 CEU or combination necessary to renew.

_____ Approved _____ Not approved

_____ _____

LPDC Chairperson Signature Date