

Please check the types of activities you plan to pursue in order to meet your goals.

College/university courses

Conferences

DLT/BLT participation

Ongoing series of workshops or book studies

ODE/SST sponsored meetings

ESC sponsored meetings

ODE approved/sponsored online modules/courses

Will you be completing any activities which need to be pre-approved by the LPDC? Activities which require pre-approval include: independent study, research, activities related to education but outside your work in schools, online modules/e-learning (not ODE sponsored)
If yes, please elaborate below and be prepared to submit Form 3 for pre-approval to the LPDC committee prior to beginning work.

Signature of employee

Date submitted

Approval date of LPDC

Signature of LPDC Chair

LPDC FORM 2

License Renewal Summary Sheet

Lawrence County ESC

Name _____ Date _____

① In addition to this form please submit your college transcript(s), verification of CEUs (certificates from workshops or Form 5) and Equivalent Activity Log (Form 4), if applicable.

Dates	Activity Description Course or Workshop Title	Are you submitting Semester/ Quarter Hours/ Contact Hours? Specify number here	Name of College or Organization presenting the workshop	Number of Semester or Quarter hours or CEUs

_____ All Requirements Met

Signature of LPDC Chair: _____ Date _____

Please submit five (5) copies

LPDC FORM 3 (Used when proposing an activity which is not a workshop, conference, or university credit hours)

Activity Proposal Form

Lawrence County ESC

Name _____ Date _____

I am seeking professional development credit through equivalent activity.

Indicate the number of contact hours that you think this activity will entail (approximately) _____

1. Process: Describe the activity that you propose to complete. (Use back of this form if you need more room)

2. Benefits: Describe the anticipated benefits to yourself, students, building, and/or district as a result of this activity.

3. Verification: Complete the Activity Log (FORM 4)

I certify that the information provided in this proposal is true and accurate:

Employee Signature _____

____ Approved by LPDC

Signature of LPDC Chair: _____ Date _____

LPDC FORM 4

Equivalent Activity Log

Lawrence County ESC

✓ Form 3, Activity Proposal Form, must be pre-approved by LPDC prior to starting Equivalent Activity.

Name _____ Date _____

Title of Activity _____

DATE	CLOCK HOURS	TASK

I certify that the information provided in this proposal is true and accurate:

Employee Signature _____

____ Approved by LPDC
 Signature of LPDC Chair: _____ Date _____

Conversion Chart

Semester Hours to Quarter Hours to CEU to Clock Hours

Semester Hours	Quarter Hours	CEU	Clock Hours
1/3	0.5	1	10
2/3	1	2	20
1	1.5	3	30
1 1/3	2	4	40
1 2/3	2.5	5	50
2	3	6	60
2 1/3	3.5	7	70
2 2/3	4	8	80
3	4.5	9	90
3 1/3	5	10	100
3 2/3	5.5	11	110
4	6	12	120
4 1/3	6.5	13	130
4 2/3	7	14	140
5	7.5	15	150
5 1/3	8	16	160
5 2/3	8.5	17	170
6	9	18	180