North Central Ohio Educational Service Center

ACTIVITY VERIFICATION FORM

Name:	**Submission Date:**
Building:	**Assignment:**
Date(s) of Professional Development:	
Location of Professional Development:	
Title of Professional Development: ***(Specify)***	

DATE	HOURS	DESCRIPTION OF ACTIVITIES
Total Hours		

Name: _____ **Submission Date:**_____

Administrator Signature _____ **Date** _____

DO NOT MARK BELOW THIS LINE. FOR LPDC USE *ONLY*.

_____ Approve as written -OR- _____ Revise/Resubmit

Revision Advice:

LPDC Authorized Signature _____ Title_____ Date_____