



Southern Local Schools
Certificate/License Renewal

Checklist for Renewal of your Ohio Certificate/License

- LPDC Verification Form (Needs to be completed for each certificate/license being renewed)

Complete the following areas of the verification form:

1. Print name of applicant (your name)
 2. Enter issue date from the certificate to be renewed.
 3. Enter semester hours taken (if any) since issue date of the certificate to be renewed.
 4. Enter any ODE (Ohio Department of Education) , or LPDC (Local Professional Development Committee) approved CEU's (Continuing education units)
 5. Applicant's Signature and Date
 6. List all CEU's earned on the Record of Approved Professional Development Activities worksheet.
 7. List all Transcripts with the earned semester hours and the dates they were earned, on the Record of Approved Professional Development Activities worksheet.
- Attach official transcripts (these may be issued to the student).
 - Attach certificates for Contact hours/CEU's (please make and keep a copy for yourself as these will not be returned)
 - Attach a copy of the certificate/license that is to be renewed.
 - Get your BCI/FBI fingerprints done at an approved location. (you will need to follow the state law as to whether or not you need both BCI and FBI done or just the BCI)
 - Fill out your online application for renewal on the Ohio Department of Education Web site and submit it to the Southern Local District LPDC to be e-signed.
 - Turn in all the above paper work to your LPDC representative.



Name of LPDC: Southern Local LPDC

Applicant Name: _____

Enter issue date from certificate to be renewed	
The issue date is located in the upper right hand corner of the certificate. You can access certificate information at the Ohio Department of Education home page WWW.ODE.OHIO.GOV	____/____/____
Enter semester hours taken since issue date of the certificate/license to be renewed.	_____
Enter approved continuing education units (CEU's) earned since issue date.	_____
List all CEU's on Approved Professional Development Activities Worksheet and submit with this form.	

Applicants Signature _____ Date _____

LPDC Verifying Signature _____ Date _____

(This verifies that the information stated on this form is correct and that the named educator is an employee of the district or school the LPDC serves)

Record of Approved Professional Development Activities

Name _____ Applies to Certificate Area or License Area _____

<u>Option</u> Workshops (include certificate of attendance)	<u>Contact Hours</u> Define your professional goal(s)	<u>Date(s)</u>	<u>Benefits/Contributions/Comments</u>
Total Number of Hours			

<u>Option</u> University Course (include transcripts)	<u>Semester Hours</u>	<u>Dates</u>	<u>Benefits/Contributions/Comments</u>
See attached Transcripts			