



Local Professional Development Committee Licensure Renewal Verification Form

MVESC IRN# 014095

Applicant Name: _____

Educator State Id: _____

Submission Date: _____

License to Renew: _____

License Issue Date: _____

IPDP Submitted: yes no

License Copy Submitted: yes no

Evidence Submitted: yes no

Number of Semester Hours: _____

Number of Contact Hours: _____

LPDC COMMITTEE

License Renewal Approved: yes no

Note:

LPDC Signature: _____ Date: _____

Written Name: _____