

**ARCHDIOCESE OF CINCINNATI PRINCIPAL VERIFICATION OF CONTINUING EDUCATION HOURS**

**PLEASE PRINT**

Educator ID: \_\_\_\_\_ Educator Email: \_\_\_\_\_

Educator Name: \_\_\_\_\_

Employed at (School): \_\_\_\_\_

Location of Activity: \_\_\_\_\_ Date(s) of Activity: \_\_\_\_\_

# of CEUs requested (If 3.0 CEUs or greater are requested, include the required documentation and/or a certificate of attendance verifying the contact hours): \_\_\_\_\_ **(0.3 minimum limit)**

Title of Professional Development: \_\_\_\_\_

- LPDC Member
- Individual CEU request - \$5.00 per educator
- Group (5 or more) CEU request - \$3.00 per educator (Group CEUs must be submitted at the same time, for the same program, with the same title, and same amount requested.)

*This educator has completed the necessary requirements for the requested CEUs. I have reviewed the required verification documentation.*

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send Form and Payment to: LPDC Coordinator, Catholic School Office, 100 E. Eighth St., Cincinnati, OH 45202

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