

# Continuing Education Unit (CEU) Activity Request

*for LPDC Approval*

Last Name:

First Name:

Email Address:

Cell Number:

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Name of Activity:

Date of Activity:

Contact Hours Requested:

## **Please Review the following:**

Attach a certificate or synopsis/description as proof of activity

## **Which area of your Individual Professional Development Plan (IPDP) does this address?**

Academic Content (what is taught)

Professional Growth (how to get there)

Pedagogy/Instruction (how it is taught)

Content/Data/Assessment (how do we know)

## **Which [Ohio Standards for Professional](#) Development did this activity fulfill?**

Learning Communities

Resources

Data

Leadership

Learning Design

Implementation

Outcomes

Date Submitted:

Date Reviewed: \_\_\_\_\_

Contact Hours Granted: \_\_\_\_\_

Signature of LPDC: \_\_\_\_\_