

CONTACT HOUR VERIFICATION FORM

Name _____ Date IPDP Approved _____

RETURN THIS FORM TO THE LPDC AFTER COMPLETION OF THE ACTIVITY ALONG WITH ANY SUPPORTING PAPERWORK

Specific Title of Activity

Date(s) of Activity

Sponsoring Organization of Activity

Location of Activity

Contact Hours Requested (Breaks, including lunch, may not be counted as contact hours)

On what date was this activity submitted for Pre-Approval on the Cambridge City Schools LPDC online submission website? _____

Signature of Presenter/Facilitator

Sponsoring Organization

Date

PLEASE REMEMBER TO MAKE A COPY OF THIS FORM FOR YOUR FILES

LPDC USE ONLY

Approved

Contact Hours Approved

Contact Hours Not Approved

LPDC Committee Member Signature

Date