

FLSD License Renewal Approval Form

Applicant _____ Date _____

The undersigned verify that the applicant for License Renewal completed and submitted for approval documentation of the following:

The equivalent of 6 credit hours of coursework as indicated below

6 credit hours	180 contact hours (30 contact hours= 1 credit hour)	18 CEUs	9 quarter hours
_____ credit hours	_____ contact hrs	_____ CEUs	_____ quarter hrs

This applicant fulfills the requirements set forth by ODE and Field Local SD LPDC as a **Consistently High Performing Teacher.**

- Yes
- No

LPDC Teacher Members

Lori Brake _____
Staci Lowden _____
Cailin McKinney _____
Danielle Underwood _____
Michelle Yoho _____

LPDC Administration Members

Susan Blake _____
Shawn Bookman _____
Barbara Hawley _____