

**Mariemont City School District**  
*Local Professional Development Committee*

## Notification of Completion

<b>Educator:</b> <i>(Print Name)</i>	
I certify that I have completed the requirements of the approved Individual Professional Development Plan and have met the Ohio Department of Education standards for renewal of my <i>(fill in certificate/license in space below)</i>	
I understand that it is my responsibility to request and complete the appropriate forms to renew my certificate/license.	
<b>Educator Signature</b>	<b>Date</b>

<b>Mariemont Professional Development Committee:</b>	
I certify that documentation is on file to support that the Individual Professional Development Plan of :	
has been successfully completed and the applicant is eligible to apply for renewal of the	
	certificate/license.
<b>LPDC Representative Signature</b>	<b>Date</b>

Date received by LPDC: _____		
_____ Approved	_____ Rejected	_____ Revision
Needed		
_____ LPDC signature		