

Ohio Conference Department of Education
LPDC

**Individual Professional Development Plan
Annual Employee Profile**

**YEARLY PROFILE—K-12
COPY TO GO TO OHIO CONFERENCE LPDC**

Date of Submission _____ original _____ revision

Please **PRINT** legibly or type all information. All response must be completed in full.

Name _____
Last First

Current Position _____ School _____

Work phone _____ Home phone _____

E-mail address _____ Fax number _____

State certificate under which you are currently working _____

List all Certificates/Licenses held. **Please attach a copy of each certificate with your IPDP (Individual Professional Development Plan).**

State Certificate(s)	Type (4 Yr., 8 Yr., Perm.)	Expiration Date
*	_____	_____
*	_____	_____
*	_____	_____

Denominational Certificate(s)
*
*
*

Do you plan to renew or convert any certificate/license this year? _____ YES _____ NO

If yes, specify which one _____

Please Note: You can only convert the certificate under which you are currently working.