

Appendix A SAMPLE RECIPROCITY FORM

Approval Verification Form for Treasurer/CFO/BO Leaving the LPDC

This verifies that the attached Individual Professional Development Plan (IPDP) was approved on

_____ (date), and that _____ (name of Treasurer/CFO/BO) has

completed _____ college/university semester hours and _____

local Continuing Education Units equaling _____ semester hours toward the

completion of this plan.

_____ (date)

_____ (name of authorized signature)

_____ (authorized signature)

Name of School District: _____

Name of LPDC, if different: _____

LPDC Address: _____

LPDC Chair Person: _____

LPDC Phone Number: _____
