

Management Council LPDC Plan of Operation

Transfer Approval Form

Complete this form and have it authorized to receive credit for activities approved at your previous LPDC

Employ Name _____ Date _____
(Please print)

Current Employer _____ Position _____

Name of Previous Employer _____

Last date of previous employment _____

Employees previous IPDP Approved on _____

Approved CEU credits:

- a) College/University Credit Hours _____
- b) Other local CEU's _____
- c) Total CEU's earned (a plus b) _____

The undersigned acknowledge the information provided is complete, truthful, and accurate

Former Employer _____
Authorized signature of former Employer Date

Transferring Employee _____
Signature of Employee Date

Include a copy of the individual professional development plan (IPDP) approved by your previous employer

Management Council LPDC Plan of Operation

Transfer Approval Form

(Please make a copy of this form for your personal records.)

LPDC REVIEW

Comments:

Action:

_____ Approved

_____ Returned for additional detail (see comments)

Reviewed by:

Reviewer Printed Name

Reviewer Signature

Date