**LICKING VALLEY LPDC**

**PROJECT ACTIVITIES FORM**

**(COVID)**

|  |
| --- |
| Name: |
| School: |
| Project title and description: |
| Number of contact hours requested: (You are limited to 30 hours per project.) |
| How does this relate to your professional development plan? (Please reference specific goals from your plan.) |

* Please complete the above form, print out a copy and submit it to your LPDC representative **prior** to beginning the activity.



LPDC Pre-approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_9/22/20\_\_\_\_\_\_

* When the project is finished, return the pre-approval form along with the finished project and **an accounting of the dates and time spent on the project (please use project hours form)** to your LPDC representative for final approval.

LPDC Approval:

Yes \_\_\_\_\_ No \_\_\_\_\_

CEUs granted \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LPDC Representative Date