

**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: