

IPDP REVISION FORM-Attach original IPDP to this formName: _____ Educator State ID#:

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School: _____ School City: _____

What type of certificate or license do you currently hold?

5-Year Professional License
 Non-Tax Certificate (see gray box below)
 5-Year Professional License & Non-Tax Certificate

If you hold a Non-Tax Certificate ONLY:

Date of your last verification approval: _____

Diocesan Expiration Date: 6/30/_____

Please list the subject(s) or grade(s) you are currently teaching.

Reason for Revising Goal and New Goal:

Acknowledgement	License Issue Date	Teacher Initials	License Expiration Date	Teacher Initials
I understand that I need to complete a total of 18 CEUs (180 clock hours) between the following dates:			6/30/_____	

**Teacher (Typed Name) | Principal (Signature)**

Signature	Date	Position
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Signature of supervisor*	Date	Position
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* *principal if you are a teacher, pastor if you are an elementary administrator, or superintendent if you are a secondary administrator*