

(Form LPDC-5)

**The Jackson City School District  
Local Professional Development Committee**

**Notification of Completion  
of  
Individual Professional Development Plan**

Name: \_\_\_\_\_

Current License Number: \_\_\_\_\_

Current License Area: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Current Teaching Assignment: \_\_\_\_\_

I hereby certify that I have completed the requirements for renewal of my current license. All required verification has been submitted. Please process my application form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_