

CUYAHOGA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Individual Professional Development Plan Staff Profile

Date of Submission _____ initial _____ revision _____

Please print legibly or type all information. All responses must be completed in full.

Last Name _____ First Name _____

Current Position _____ Building _____

Work Phone # _____ # of years in current position _____

Prior Position in District _____

List all Certificates/Licenses held. ***Please attach a copy of each certificate with your IPDP (Individual Professional Development Plan).***

Certificate(s)	Type of certificate or licensure	Issue Date	Expiration Date
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1. Will you be enrolled in a graduate program during the renewal cycle? ___ Yes ___ No

PLEASE NOTE: Licensure Renewal Standard (effective January 1, 1998).

Upon second renewal of a professional 5 yr. license, holder must show evidence of Master's degree or 30 sem. hrs. of graduate credit; if Masters degree is already obtained – 6 sem. hrs./equivalent of PD activity. Those who held certificates under previous standards are EXEMPT from the Masters degree or 30 sem. hr. requirement for second renewal, but still need 6 sem. hrs/equivalent of PD activities.

Staff Signature and Date: _____