

**FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER
LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE
EMPLOYEE PROFILE**

Please complete one form for each certificate/license held. Please print legibly or type all information.

Name _____ Date _____

Current Position _____ Building _____

Home Phone No. _____ Work Phone No. _____

Home Address _____ Zip _____

E-Mail Address _____

Check the highest educational degree held: Associate Bachelor Master
Doctorate

Certificate Area _____ Expiration Date _____

Certificate Type: Permanent 2 yr. License 5 Yr. License

Issue Date: _____ Valid: 7-1- _____ to 6-30- _____

I am/am not currently working under this certificate.

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Please complete the following in regards to the above certificate.

- I will renew this certificate and will provide verification under the 1987 standards.
- I will transition this certificate to a license. Must complete Individual Professional Development Plan.
- I will renew a license.
- I will provide official verification forms from previous LPDC.