Ohio Professional Development

For LPDC Approval Webinar Participation Form Webinar title Date & Time **Associated URL** Provide the name of the host and include names and credentials of presenters or Hosting organization/entity featured speakers, if known. Webinar Goals & **Objectives** Specify actual hours of engagement. (Attach documentation if possible) **Contact hours** Participant role For example: Listening to presenters, participation in individual and group activities, exploration of relevance and potential applications of workshop content to local situation, interactive dialogue and questions with presenters and/or colleagues.

Ohio Professional Development

My signature below attests to my participation in the WEBINAR described on this document.

I understand that I am responsible for conveying this information to my Local Professional Development Committee in a manner consistent with their local guidelines.

This form is not for submission to the Ohio Department of Education.

Participant (Print)	
Signature	
Date	