



Switzerland of Ohio LPDC

Data Sheet

Submit to the LPDC Chairperson by September 1st of each year *if a change has occurred.*

Please Print all Information

Name:

Last	First	Middle

Signature:

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Personal Information:

Employee Id #	Grade/Position	Building
Total Years of Experience	Home Phone Number	Home E-mail Address

Current Certificate/License: Please list every one you hold, or intend to keep renewing.

Certificate/Licenses	Expiration Date

Home Address:

Street	City	Zip Code

Signature _____ Date _____

Make a copy of this for your personal file.