



Professional Learning Unit (PLU) Verification Form

This section to be filled out by the requesting educator:

Date of Request	
Educator's Name [Print Clearly]	
Educator's Certification ID	
Certification Expiration Date	
Employing Local Education Agency (LEA)/ School District (where PLUs were obtained)	
Effective End Date of Employment with the LEA/School District	
Total PLUs Earned	

I attest that I earned the Professional Learning Units (PLUs) listed above between the issuance date and expiration date (certification cycle) of my certificate(s) and that the PLUs were documented according to my LEA's processes and procedures. I am attaching the detailed PLU tracking sheet with additional details about the activities.

Educator's Signature: _____ Date: _____

This section to be filled out by the LEA superintendent or designee:

Date of Attestation	
Name	
Title/Role	
Email/Phone	

I have reviewed the PL tracker and attest that the information listed by the educator above is accurate.

Superintendent's Signature: _____ Date: _____