

EPDP Completion Date _____

EDUCATIONAL PROFESSIONAL DEVELOPMENT PLAN (EPDP)

Educational Professional Development Plan for _____ Hire Date _____ Position _____

Current credential (CDA, CCP, ODC) _____ Expiration Date _____ Hours required for renewal _____

Required training should be completed by (date) _____ to ensure the credential does not expire.

Oklahoma Professional Development Ladder (OPDL) Level: _____ Expiration Date: _____

You must have _____ hours of training per OPDL year.

Professional development goals for this year:

Mandatory training	Due Date	Completion Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Training I'm interested in attending to enhance my knowledge and skills	Target date to complete
_____	_____
_____	_____

Long-term Professional Development Goals	Completion date
_____	_____
_____	_____

Personnel Signature _____ Director or Primary Caregiver Signature _____