Annual Summation of Learning Activities

State Board for the Certification of Librarians
Kentucky Department for Libraries and Archives

INSTRUCTIONS:

Complete this form annually
Attach *Learning Activity Reports* with supporting documentation.
Keep copies for your files
Mail original for with original signatures to your Regional Librarian
Your Regional Librarian will validate and return all documentation to you.
File carefully until ready to apply for renewal of certification

I hereby certify that the information below, including attachments, are true and correct to the best of my knowledge.

_____
Signature of Applicant

_____
Date

_____
Signature of Regional Librarian

_____
Date

Name: _____ **E-mail:** _____
Last First Middle

Home Address:_____
Street City State Zip

Library Where Currently Employed: _____

_____
Address City State Zip County

Dates of Activities D/M/Y	Names/Title of Professional Activity	Number of CRP's Earned	For Regional Use Only
	Enter Total Certification Renewal Points Earned	0	