



Continuing Education Learning Activity Report

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

INSTRUCTIONS:

Complete after each continuing education activity.

Attach documentation that verifies your attendance.

Keep copies for your files.

Each year, submit to your Regional Librarian with the *Annual Summation of Learning Activities*.

Do not Submit form to State Certification Board when renewing your certification.

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

Signature of Applicant

Date

Name: _____
Last First Middle

Library Where Currently Employed: _____

Address

City

State

Zip

County

Date of Activity (m/d/y)	
Topic/Title	
Presenter	
Sponsor	
Location	
Total CRP's Awarded	

Give a brief description of activity as it relates to your present position and/or career advancement: