



Kentucky Public Library Trustee Certification Continuing Education Learning Activity Report

Kentucky Department for Libraries and Archives

INSTRUCTIONS:

*Complete after each continuing education activity.

*Keep copies for your files.

*Mail original form with original signatures to:

*Continuing Education Consultant
Trustee Certification
300 Coffee Tree Rd.
P.O. Box 537
Frankfort, Kentucky 40602-0537*

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

Signature of Applicant

Date

Name: _____ E-mail: _____
Last First

Library: _____

Address City State Zip County

Date of Activity	
Topic/Title	
Presenter	
Sponsor	
Location	
Total Contact Hours Awarded	

Give a brief description of activity: