

Kentucky Department for Libraries and Archives

APPLYING FOR:
□ Initial Certification □ Certification Renewal

INSTRUCTIONS:

- □ Attach copies of certificates of completion
- □ Attach Learning Activity Reports
- Keep a copy of this form for your file
 Scan and email the documents to:
- KDLA.Certification@ky.gov

For State Certification Use Only:						
Approve	ed					
Certifica	ite Type:					
Certifica	te Number:					
Valid fro	om:	to				

Name:			E-mail:			
Last	First	Middle I.				
Home Address:						
Street			City	State	Zip	
Library Where Currently Emp	oloyed:					
Address	City	State	Zip	County		
Current Job Title:						
Hours Worked Per Month:		_				
Applicant Signature			Date			

Signature of Library Director or Immediate Supervisor

Date