

Part-Time Certification Learning Activity Report
State Board for the Certification of Librarians
Kentucky Department for Libraries and Archives

INST	RUCTIONS:			
	Complete form after each of Write a description of what applies to your job. Keep copy of form for your Scan and email this form all	you learned and how it file.	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	
•••				
_ibrai	y where Currently Employ	'ea:		
	Date of Activity			
	Topic/Title			
	Presenter			
	Sponsor			
	Location			
	Webinar Type	☐ Live ☐ Archived		
	Total Contact Hours			
	Give a brief descrip position and/or care	tion of what you learned an eer advancement (250 word	d describe how it relates to your present s or less):	_