

## **Annual Summation of Learning Activities**

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

## **INSTRUCTIONS:** (check boxes as completed)

- □ Complete this form annually.
- Attach *Learning Activity Reports* with supporting documentation, if available.
- $\hfill\square$  Keep copy of form for your file.
- Send original with original signature to the Continuing Education Consultant via email to
  KDLA.Certification@ky.gov or mail to: State Board for the Certification of Librarians
  - 300 Coffee Tree Rd. P.O. Box 537
  - Frankfort, Kentucky 40602-0537
- The Continuing Education Consultant will validate and return a copy of the Annual Summation to you.
- □ The original form will be kept on file with the Continuing Education Consultant.

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 Continuing Education Consultant

Date

Name:				E-mail:			
	Last	First	Middle				
Current Job Title:				Certificate Held:			
Library Where Currently Employed:							

Address City State	Zip County

Date of Activity M/D/YY	Name/Title of Professional Activity	Number of CHs Earned	For Consultant Use Only
	Enter Total Contact Hours Earned:		

**CE Consultant Comments:**