

**CONTINUING EDUCATION VERIFICATION FORM
FOR THE
STATE BOARD FOR THE CERTIFICATION OF LIBRARIANS**

ATTENDEE

Attendee Name: _____
Certification Number: _____
Name of Course/Workshop/Program: _____
Sponsoring Organization / Association / Agency: _____
Date(s) of Course/Workshop/Program was offered: _____
Instructor/Presenter/Facilitator: _____
Course Description (Fill-in here or attach documentation): _____ _____ _____ _____ _____

PRESENTER

Number of Contact Hours: []	
I the undersigned confirm/verify that this attendee did complete this Course/Workshop/Program for the number of contact hours listed above and that this was an organized program of instruction.	
_____ Signature of Presenter	_____ Date
_____ Print Name	

Attendee should retain this completed form as documentation for meeting continuing education requirements for re-certification.