

This form is an interactive PDF. Please download it, complete it and print it out. Click on the boxes to enter data.

Full Record of Continuing Education Activities

Instructions: Record each activity that you have attended and submit to your Staff Development Coordinator at the intervals determined by your local system. Retain this form as evidence of continuing education for 5-year re-certification.

Name <i>Last, First, Middle</i>

Library/Branch Address Street, City, State, Zip

Certification Date :	Certification Expiration :	Page ___ of ___
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Provider and Activity	Activity Dates	No. of Contact/clock hours	For Staff Development Coordinator	
			Yes	No
Total (Number of Contact Hours)	N/A		N/A	

Signature of Participant <i>I HEREBY CERTIFY</i> that the information provided is true and correct to the best of my knowledge.
<input type="checkbox"/> _____ Date:

Signature of Staff Development Coordinator <i>I HEREBY CERTIFY</i> that the information provided is true and correct to the best of my knowledge.
<input type="checkbox"/> _____ Date:

Attach additional pages as needed.