

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 earned for each 5 year period.

Name Last, First, Middle

Library/Branch Address Street, City, State, Zip
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LATI Certification Date:	5 year end date:	Page ____ of ____
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Provider and Activity	Activity Dates	# of Contact Hours	For Staff Development Coordinator	
			YES	NO
Total (

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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.

Maryland Public Library
Associate Education and
Training Guide
FEBRUARY 2018