



# Continuing Education Learning Activity Report

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

## INSTRUCTIONS: (check boxes as completed)

- ☐ Complete form after each continuing education activity.
- ☐ Write a description of what you learned and how it applies to your job (*required for all activities*).
- ☐ Attach documentation if available.
- ☐ Keep copy of form for your file.
- ☐ Submit form to the Continuing Education Consultant with the *Annual Summation of Learning Activities* by the due date for your region.

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

Library Where Currently Employed: \_\_\_\_\_

Date of Activity	
Topic/Title	
Presenter	
Sponsor	
Location	
Webinar Type	<input type="checkbox"/> Live <input type="checkbox"/> Archived
Total Contact Hours	

Give a brief description of what you learned and describe how it relates to your present position and/or career advancement (250 words or less):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# 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.
- ☐ 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: