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| **REQUEST FORM FOR CEU APPROVAL**CEUs Awarded (ODL Staff Only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If you attended continuing education that did not issue CEU credit, complete the following form and submit to the Continuing Education Coordinator. Attach a copy of the program brochure/agenda and/or your record of attendance and Email it to: education@libraries.ok.gov **OR fax** request form and agenda with your name and library to **405-522-3326 OR mail** it to**:**Sadie Bruce, Continuing Education CoordinatorOffice of Library Development Oklahoma Department of Libraries 200 N.E. 18th St., Oklahoma City, OK 73105-3298* A confirmation showing the number of CEUs awarded will be emailed to you.
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| Please print clearly Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EmailAddress:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Library Name: \_ |
| Name of program/conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates: \_\_\_\_\_\_\_\_\_\_ Sponsored by: Location: \_\_Please list, by title or a short description, each class or program attended with the actual time spent in each class **OR** provide an agenda with breakdown of time spent.  Title Start of Class Time Class Ended  |

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|  How does this program relate to your current/future job responsibilities? |
| I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any false statements may result in denial or revocation of the certification. Applicant Signature Date signed |
| **TO THE APPLICANT: Confirmation Certificate should be saved. Send a copy of certificate with the Certification Renewal Form when renewing your certification.** |