

# Certification Renewal Form

Complete the following form and submit along with copy of transcript/degree, if applicable, and confirmations of attendance (totaling 36 contact hours) to:

Sadie Bruce, Continuing Education Coordinator  
Office of Library Development  
Oklahoma Department of Libraries  
200 NE 18 Street, Oklahoma City, OK 73105-3206

or email Renewal Form and copies of the contact hours to: [education@libraries.ok.gov](mailto:education@libraries.ok.gov)

Name [Last, First, MI]: \_\_\_\_\_

Name change from certification or last renewal? [Y] [N]

Prior name \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Library: \_\_\_\_\_

System: \_\_\_\_\_

Total Years of Library Experience: \_\_\_\_\_ Total Number of Contact Hours: \_\_\_\_\_

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 certificate.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed