Reset Form

APPLICATION FOR LIBRARY EDUCATION UNIT (LEU) PROVIDER

State Form 53621 (R2 / 9-14)

CERTIFICATION PROGRAM COORDINATOR
STATEWIDE SERVICES
INDIANA STATE LIBRARY
140 North Senate Avenue
Indianapolis, IN 46204-2296
Telephone: 317-234-6217 or 1-800-451-6028 (Indiana only)
Fax: 317-232-0002
E-mail: StatewideServices@library.in.gov
www.continuinged.isl.in.gov

NOTICE: The information you provide about this training will become public record.

For Office Use Only	
Date Reviewed (*month, day, year*)	Provider Identification Number
Decision	

PLEASE TYPE OR PRINT.

Name of organization providing or hosting the training		
Address (*number and street, city, state, and ZIP code*)		
Telephone number ( )	E-mail address	Web address
Printed name of individual authorized to sign LEU certificates	Signature of individual authorized to sign LEU certificates	
Title		Date (*month, day, year*)
Telephone number ( )	E-mail address	Fax number ( )

Attach agendas for trainings associated with this event.

Agendas must include approximate length of each training.

Instructor(s) providing this training.

Attach resumes or Curricula Vitae for each Instructor.

Resumes/CV must show the instructor(s) qualifications to train on the workshop topic.