

Certification Application Form

Complete this form and submit along with copy of transcript/diploma or confirmation of attendance at Public Library Academy classes to ODL.education@libraries.ok.gov.

Name: _____

E-mail address: _____

Library where currently employed: _____

Library System: _____

Years of library experience: _____

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
