

# 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 [ODL.education@libraries.ok.gov](mailto:ODL.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