



**APPLICATION FOR LIBRARY
EDUCATION UNIT (LEU)
TRAINER PROVIDER**

State Form 53621 (5-08)

CERTIFICATION PROGRAM COORDINATOR
Professional Development Office
Indiana State Library
140 North Senate Avenue
Indianapolis, IN 46204-2296
317-234-5650 or 1-800-451-6028 (Indiana only)
Fax: 317-232-3713
WWW: <http://www.in.gov/library> E-mail: pdo@library.in.gov

For Office Use Only	
Date Reviewed (<i>month, day, year</i>)	Provider ID Number
Decision	

PLEASE TYPE OR PRINT

Name of Provider Organization		
Address (<i>number and street, city, state, and ZIP code</i>)		
Telephone number ()	E-mail address	Web address
Signature of Authorized Individual		
Printed name of authorized individual		Signature of authorized individual
Title		Date (<i>month, day, year</i>)
Telephone number ()	E-mail address	Fax number ()
Our organization agrees to periodic state monitoring of our programs at the discretion of the Indiana Library and Historical Board		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Attach agendas for trainings currently offered by the Organization <i>Agendas must include approximate time for each training</i>
Agendas attached (<i>name each course</i>)

Instructors employed by the Organization <i>Attach resumes or Curriculum Vitae for each Instructor</i>
Resumes/CV attached for:

NOTICE:
The information you provide will become public record.