



**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](mailto: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 (required)		Signature of authorized individual (required)
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 Vitas for each Instructor</i>
Resumes/CV attached for:

**NOTICE:**  
The information you provide will become public record.