



**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.

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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.

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