Visit the Online Certification Manual at http://msl.mt.gov/For_Librarians/Training/Certification/ to find a fillable PDF of this form.

Montana Certification Program For Library Directors, Staff And Trustees - Interim Verification Form

This form is for participants in the certification program to use when they or their supervisor changes jobs. The form verifies the continuing education credits earned prior to the time of the employment change. This form will be submitted when applying for certification.

I hereby certify that the attached list of continuing education activities attended and credits earned by:

_____ (Name)

to this date _____ is true and correct to the best of my knowledge. I understand that misrepresentation of this data may result in denial or revocation of the certificate.

_____

Supervisor Signature Date

_____

Supervisor Name (printed) and Title